

PROVINCE NOVA SCOTIA

REPORT OF THE

Department of Public Health

FOR THE

Year ending November 30th, 1936

AND OF THE

Deputy Registrar General

CONTAINING THE

Vital Statistics of the Province

For the Year ending December 31st, 1935



HALIFAX, N. S.
PROVINCIAL SECRETARY
KING'S PRINTER
1937





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For the Year ending December 31st, 1933

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To His Honour,

THE HONOURABLE WALTER HAROLD COVERT, K. C., Lieutenant-Governor of Nova Scotia.

Sir:-

I beg to present herewith the Report of the Department of the Public Health for the year ending November 30th, 1936 and of the Deputy Registrar General containing the Vital Statistics of the Province for the year ending December 31st, 1935.

I have the honour to be,

Sir.

Your most obedient Servant,

F. R. DAVIS,

Minister of Health

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I have the honour to be,

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Your most obedient Servant,

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REPORT OF THE CHIEF HEALTH OFFICER

To the Honourable Frank R. Davis, M.D., F.A.C.S., Minister of Health.

Sir:-

I beg to submit, herewith, my report for the fiscal year ending November 30th, 1936.

Once again it is a pleasure to report that the health of the people was, in general, most favourable during the past year. The province was fortunate in not having any epidemics of the more serious diseases, nor any outbreaks of communicable diseases, due to infected water or milk. Measles was prevalent and in some sections assumed epidemic proportions; it, however, was not accompanied by any unusual mortality. Of special interest are the lower mortality rates from heart diseases and cancer.

The usual routine of former years has been continued, but with a steady growth of work in almost every activity. A large variety of matters respecting public health administration, in various parts of the province, have been referred to the Department, and all have been given attention. Every effort was made to operate the Department at the lowest possible cost without, in any way, crippling the work of the several bureaus.

To meet the ever increasing demands made on the Health Department for specialized services, a Bureau of Sanitary Engineering was, early in the year, inaugurated. This section is primarily concerned with environmental conditions, which may, in any way, exercise an influence on the Public Health. The specially trained Engineer, presiding over this Bureau, acts in an advisory capacity to local health officers and boards of health, and provides sanitary inspection of water and milk supplies, sewage disposal systems, bathing beaches, summer camps and recreational places. The importance of adequate supervision of water, sewage, milk and other food supplies, cannot be over-emphasized.

During the year the Department suffered a distinct loss in the death of Dr. C. M. Bayne, who had been Divisional Health Officer for the eastern health division of the province since the year 1930. In his chosen specialty, Dr. Bayne had few equals, hence it was that his counsel was continuously sought, not only by the many patients who were sent to him, but by his medical associates as well. His death leaves a vacancy difficult to fill and memory which will, for many years, endure.

In June 1936, Dr. J. S. Robertson was appointed Divisional Health Officer to succeed the late Dr. Bayne.

Heart Diseases

Diseases of the heart claimed 801 lives in 1935. The death rate from this particular group of diseases has been for a considerable number of years definitely on the increase, so that in most communities they now top the list as causes of death. It is true that most heart affections occur after middle or in old age, and since the present population contains a greater proportion of older people than formerly, we are bound to have more deaths from these causes. Besides the fundamental causes of many common heart conditions appearing in old people are as yet unknown and as a consequence many people are inclined to regard them as inevitable. There are, however, a good many heart diseases which are the direct outcome of infections such as Syphilis, Rheumatic Fever, and other communicable diseases, therefore by avoiding these infections we can prevent an appreciable number of deaths from heart degenerations in later life. It is not too much to expect that with more general progress for the prevention of all communicable diseases, coupled with early diagnosis and treatment, the incidence of heart diseases will be reduced.

Cancer

In the calendar year 1935 there were 617 deaths from Cancer and other malignant tumors. In 1934 there were 688 deaths. From this apparently satisfactory drop, occurring in a single year, it cannot be concluded that the peak has been reached and from now onwards, we may expect a gradual

decrease in deaths from this important cause, since the trend for many years has been definitely an upward one. It is not too much to hope and expect, however, that in the next five year period, the increase will not be as great as it has been in the past five year period. Those in charge of the Cancer Clinic find more early cases presenting themselves for treatment than formerly. This has, it is thought, a beneficial effect on mortality figures.

The extensive and growing significance of the Cancer problem is now fully recognized by the medical profession and to a considerable extent by the laity also. A great deal of effort and large sums of money are being expended in efforts to control it. Cancer clinics have been established in connection with the larger hospitals; surgery, X-ray and Radium are being further developed as the best known modern weapons to deal with and treat the cases discovered and research workers, all over the world, are busy endeavouring to find the cause of the disease. It is now definitely known that Cancer can be cured if discovered and treated in its early stages.

To promote early discovery of cases and effectual treatment of those found, certain services have been provided. All tissues sent in by physicians from local hospitals are examined and reported on, through the Department laboratories, without charge. A cancer clinic is in operation at the Victoria General Hospital, where surgeons, medical specialists, a Pathologist and Radiologist meet to study cases, so that patients may be given the benefits of expert diagnosis and modern treatment. A radium emanation plant and new X-ray apparatus have been installed for treatment purposes. Every opportunity is made use of to teach the public the importance of early discovery and early treatment. In order to bring this about, there should be complete cooperation between the people and the medical profession, since it is not possible for physicians to render aid unless patients come to them. In attempting to control Cancer then, early recognition of slight departures from the normal, utilization of cancer clinics, and periodic physical examinations are recommended.

Tuberculosis

There were 20 more deaths from Tuberculosis than in the year just preceding. This does not mean that this disease

is on the increase. It has, for some time, been observed that a period of low mortality is followed by a short period of comparatively heavier losses. We know the morbidity and mortality tendencies in tuberculosis are definitely downward and, as a consequence, we look for a sharp decline next year. As recently as 1910 the death rate in the province was 220 per hundred thousand, now it is in the vicinity of 90.

As yet we have no specific cure for tuberculosis; nevertheless, we know that many cases, particularly the early ones, are curable. Rest, diet, and fresh air, coupled with surgical measures in selected cases, will frequently bring about the arrest of the disease. The tendency now is to deal with tuberculosis as with other contagious diseases. When a person is found to have it, he should be prevented from passing it on to others by appropriate isolation, education, and treatment. Realizing the importance of prevention, our field examiners in their case finding programs, sought out contacts of open cases, present or past, adolescent children and adults under middle age. In so far as it was possible, special attention was given to surveys of high schools, colleges and certain groups in industry. Over 5000 examinations were made, which represents an increase over any other equivalent period.

Every effort was made to have as many as possible placed in institutional beds, where, in addition to isolation, they are given preventive instruction, so that on their return to the homes they will not be menaces to friends and associates. During the year, 621 persons were given supervision in the Nova Scotia Sanatorium, and 283 in the four general hospitals equipped with tuberculosis sections. The work performed at the provincial sanatorium was of its usual high order, as will be seen from a perusal of the Superintendent's report, which appears under separate cover. The four hospital units experienced a busy and successful year. Splendid service was given by all four, which are now filling a long felt want. In connection with these, 56 persons were found on pneumothorax treatment, 800 refills having been given.

In another portion of this report the travelling diagnosticians give valuable information on the tuberculosis problem

Whooping Cough

There were 48 deaths from this cause in 1935, three more than in 1934. Whooping Cough like Measles, comes in regularly recurring epidemics. It is perhaps the most fatal of the infections in young children, therefore, from the public health viewpoint, it is one of the really serious diseases of childhood. The younger the child the greater the probability of the attack proving fatal. Since infants and young children are so susceptible, it is most important that they be kept apart from other children during periods when the disease is prevalent. The most frequent cause of death is a complicating Broncho Pneumonia.

The Vaccines that have been developed in the past, for treatment and prophylactic purposes have, on the whole, given discouraging results. A newer one is now being tried out, which seems to give promise and it is hoped that within the next year or two, those experimenting with it will be in a position to give some valuable information.

Diphtheria

In 1935 there were 11 deaths from Diphtheria. Of the eleven, 1 occurred in Halifax, and 10 in Cape Breton County. While the incidence of the disease is lower than in some of the other Canadian provinces, nevertheless it is too high and can be lowered by a more widespread use of a very effectual weapon, known as Toxoid. Protection against Diphtheria through immunization with Toxoid, is now a measure of proven value. It is a procedure unattended with danger, so that there is no good reason for delay in making use of this sure means of prevention.

It is encouraging to know that more toxoiding was done during the past eight months than in any other previous equivalent time. An excellent start has been made in some communities; in others, however, the procedure has not been taken up seriously. Since so many cases of Diphtheria occur between the ages of one and six years, immunization should be especially practiced in this age group. In fact the time of choice for administering Toxoid is between the ages of six

months and one year. Parents and custodians of children are requested to unite with physicians and health officers in order that all children, particularly those of pre-school age, may be given the protection afforded by Toxoid of reliable manufacture.

Scarlet Fever

Scarlet Fever was responsible for 9 deaths in the past year. In 1934 there were 11, in 1933 ten, in 1932 eighteen, and in 1931 twenty-four. These figures show a general downward tendency in mortality from this disease.

Of recent years the Scarlet Fever encountered, has been mostly of a mild type, and this fact has made its control more difficult. In some instances, the infection is so mild that its nature in unrecognized and as a consequence, reporting, isolation and quarantine are not instituted. It is important to protect, if possible, very young children from Scarlet Fever, since every year of escape renders them less susceptible, until many with increasing years, become immune. Since serious complications may follow mild cases as well as severe ones, all affected should be given rest in bed, and the benefit of serum treatment when indicated. Toxin in measured doses is recommended as a preventive.

Measles

In the latter part of 1934 and first half of 1935, Measles was epidemic with the result that there were, in 1934 eleven, and in 1935 twenty-four deaths from this cause.

The usual methods used to prevent spread of Measles are by no means successful, for the reason that it is not only one of the most contagious of the communicable diseases, but it is most infectious before the characteristic eruption appears. Epidemics tend to recur every three or four years, no doubt due to periodic accumulations of fresh groups of susceptible children. Most of the fatalities, usually due to pulmonary sequelae, occur in those under five years, hence the desirability of screening those in their early years from the infection. Of recent years parents blood and sera from re-

covered patients have been used for treatment and prevention. The immunity conferred by either passes off rather quickly, which limits its practical value as a preventive. Both however, if given sufficiently early will modify or attenuate the disease and as a consequence are of very definite use, especially in the case of very young or delicate children.

Venereal Diseases

In 1935 thirty-seven deaths were recorded as due directly to these diseases. This does not tell half the story since scores of other deaths were caused indirectly by one or other of this group.

The control of Venereal Diseases is one of the most important as well as one of the most difficult problems with which we are confronted. The problem is so large that it really is of international concern. Health departments, without the aid of the people, cannot cope with it. It is so bound up with stigma, sex, morality, and other factors that real prevention must of necessity begin with the individual and it is only when the people generally make up their minds to cooperate fully with physicians and health authorities, that a proper start will be made in the work of control. Without this cooperation legislation and projected programs of control, while of some avail, will never bring about the desired result. We already possess sufficient knowledge regarding the causation, spread, diagnosis and treatment of these diseases, and the public must supply that which is wanting to reduce their incidence.

The various free treatment clinics were worked to capacity during the year and necessary treatment drugs were widely distributed to physicians for the benefit of necessitous cases.

Infantile Paralysis

In 1935 the incidence of and mortality from Infantile Paralysis was the lowest for many years, two deaths only having been recorded. This is all the more remarkable when it is known that all the Canadian provinces from Quebec to the Pacific Coast have had serious outbreaks of this disease in recent years. Just why Nova Scotia and the Maritimes

generally have so far escaped, is difficult to explain. For years sporadic cases have occurred but no epidemics. While some progress has been made in our knowledge respecting this malady, there are still many things about it that are not understood. This makes the problem of control an exceedingly difficult one. Convalescent Serum is still used in the treatment of Infantile Paralysis and following the custom of late years a quantity was prepared at the Department laboratories and stored for emergency use.

Smallpox

There has not been a case of Smallpox in Nova Scotia for some years, which probably accounts for the existence of many unvaccinated persons in a number of communities. Such a state is fraught with danger. The introduction of one case only into any town or municipality with unprotected people would be sufficient to start a wide-spread outbreak. Smallpox can be kept out of the province indefinitely by the maintenance of a proper standard of vaccination and in no other way. Vaccination as now practiced, is safe and harmless; consequently there is no good reason why all of our younger population, at least, should not be given the protection it affords. Parents who neglect this important matter are taking upon themselves serious responsibilities.

Typhoid Fever

There were eight deaths from Typhoid Fever in 1935. Two small outbreaks occurred in lumber camps during the year, which on investigation were traced to a carrier. When the seriousness of his state was shown this carrier, who in no way was responsible for his condition, he was found to be most cooperative and accepted, in toto, the advice of the Department, with the result that the infection has been removed from his system.

By contrast with other countries and other provinces of Canada, Nova Scotia has for some years experienced a most satisfactory Typhoid rate. This is all to the good, especially in the case of a province making a strong appeal for summer visitors. Of the cases occurring in recent years, none have been traced to infected milk or water supplies. Those who contracted the disease, were thought to have received the infection from carriers or from sources outside the province.

Infant Mortality

During the past fourteen years there has been a substantial drop in the infant mortality rate of Nova Scotia. In 1921 it was 100; in 1927, 92.3; in 1930, 82.6; and in 1935, 71.

The total infant deaths in 1935 was 838. An analysis of infant deaths for a five year period shows that approximately fifty per cent occur during the first month of life and further that the deaths under one month have not been decreasing, but during the same period there has been a notable drop in the number of deaths in the first year of life. This means that infant deaths due to conditions incident to child bearing have not lessened, whereas there has been a marked decrease in these, due to causes which are likely amenable to infant welfare measures generally. It would appear therefore, that we should concentrate our efforts in an attempt to remedy adverse conditions affecting maternity. A study recently completed by the Department brought to light considerable evidence to indicate that the actual infant mortality rate of Nova Scotia is lower than the official figures would indicate. By infant mortality is meant the deaths occurring under one year of age, and by infant mortality rate, the number of deaths of persons under one year of age to every thousand living births. It will thus be readily seen that correct rates depend upon complete birth registrations. Improved birth registrations give decreased infant mortality rates, and vice versa. It was discovered in some districts there had been gross neglect by parents and others responsible for reporting and registering births. Action has been taken which it is thought will at least partially correct these irregularities.

Maternal Mortality

In the last statistical year there were 62 deaths from conditions surrounding childbirth. Puerperal Septicaemia, Hemorrhage and Toxaemia were the outstanding causes. There were 71 maternal deaths in the year immediately preceding.

This represents a gain, nevertheless the maternal death rate has not shown a satisfactory downward tendency. The Nova Scotian rate compares favourably with other Canadian provinces, yet it is higher than it should be. The protection of the health of mothers is a very important undertaking and everything possible should be done to reduce the hazards attending pregnancy and child bearing. In education of the prospective mother, coupled with adequate pre-natal and obstetrical care, there is hope. Already there appears to be increasing interest in the expectant mother, so that if only the knowledge now extant can be applied in the next few years, we may reasonably expect a reduction in maternal losses. With complete use of medical services, hospitals and the services of public health nursing agencies, encouraging results may be anticipated.

During their home visits, our nurses did everything within their power to instruct and to send expectant mothers to their physicians sufficiently early. In addition a great deal of well prepared literature was distributed in the homes.

Violent Deaths

352 deaths were recorded as due to various accidental causes. Fewer it is true than in 1934, but still too many.

In the past five year period more deaths were caused by violence than by Tuberculosis. This indicates the importance of safety campaigns, since many of the accidental deaths may be classed as definitely preventable. Motor vehicle accidents, accidents in the homes, in mines, and drowning are among the important causes. Commenting on motor accidents, it is, I believe, correct to state that many are due to carelessness and excessive speed, which places the responsibility on the motorist. Regulations and Statutes alone, will not prevent accidents of this class unless a serious effort is made to educate drivers regarding the special hazards attending the use of automobiles. To this end the removal of careless or irresponsible drivers from the road is indicated.

Laboratories

The increasing demands made upon the bacterialogical and pathological laboratories, particularly upon the former,

have caused the personnel to put in considerable overtime in the year just past. All manner of specimens have been sent in for investigation. This indicates the extent to which health officers and practicing physicians are bringing their problems to the laboratory for assistance. This is all to the good, since it indicates increasing interest in disease prevention and as a consequence better service to all the people. All public health examinations are made without charge, which means a saving to the public, of many thousands of dollars annually. The director's reports, detailing the various procedures are well worth careful perusal.

Milk

Milk, is, without a doubt, our most important single article of food; consequently its sanitary control should be a matter of major importance to all health officers and boards of health.

In the year just past a very considerable portion of the provincial supply was inspected by our Sanitary Engineering Section. Of the portion examined a large percentage was found to be of good quality. This, to a certain extent, is borne out by the fact that we have not had, in recent years, any outbreaks of communicable diseases traceable to milk. Increasing interest on the part of health officers, dairymen, and producers, in the production and marketing of a safe supply has had its effect. Improvement is particularly noticeable since the milk portion of the Public Health Act was strengthened about two years ago. Considering the diseases that may be transmitted through milk, public health authorities agree that it should be, especially when distributed in large towns, pasteurized. This process is not advocated as a corrective for dirty milk but as an added safeguard to a clean milk. Its merit in protecting the people from milk-borne infection has been thoroughly demonstrated. The number of pasteurizing plants in the Province is increasing year after year and it is hoped that before long none other than a scientifically pasteurized milk will be on sale in the larger communities. Modern milk plants, with a continuous survey and inspection of them, is of fundamental importance.

Public Health Nursing

During the year a group of specially trained nurses has been continuously on duty, both in the schools and in the homes.

In the schools searches were made for defects tending to prevent the children obtaining full benefit from the educational system provided and attempts were made to have all remediable defects corrected. Pupils were taught the dangers attending infectious diseases, how to avoid contracting them, and their responsibility in preventing their spread. Considerable attention was paid to the correction of insanitary conditions discovered in connection with school premises.

With the approval of family physicians, homes were entered for teaching and demonstration purposes. Instruction was given in the feeding of infants and in the care of the developing child. Those found suffering from communicable diseases were shown the methods they should employ in order to prevent spreading them. The home care of the Tuberculous was given particular consideration. Demonstrations were given outlining the arrangement of sleeping quarters, proper disposal of sputa, the care of dishes, and the necessity of sufficient rest. Conditions in the homes, which, it was thought, predisposed to disease were dealt with and in general the occupants were taught the practice of proper health habits.

38120 school children were inspected and 12178 home visits were made in the interest of 17493 persons.

Notification

In the year which has passed an effort was made to secure more accurate reporting of notifiable diseases. In this endeavour a goodly number of the medical health officers have willingly cooperated. It is regretted that a number of physicians and householders have not yet become impressed with the importance of reporting all cases of infectious diseases to their local health officers. If communicable diseases are to be controlled, a knowledge of their existence is essential and many epidemics have been due to neglect in reporting the first cases

seen. There is some consolation however, in the knowledge that there has been steady improvement in this respect and in some sections we are now getting almost full returns.

In conclusion may I be permitted to say we are fortunate in being citizens of a country so well protected against devastating diseases, which are still prevalent in many other places. Through the years there has been a steady decline in infant deaths as well as in mortality of all the ordinary infectious diseases and the span of life has been definitely increased. We must not forget, however, that many diseases are still with us, and much remains to be done through intelligent cooperation of all interested people with public health officials, and with the medical profession as a whole.

I desire, once again Sir, to acknowledge my appreciation for your kindly and prudent direction. I wish to thank all members of the staff for their loyalty and guidance. The valuable assistance rendered by local health officers, the medical profession and all voluntary health and social organizations is fully appreciated.

I have the honour to be, Sir,

Your obedient servant,

P. S. CAMPBELL, M.D.,

Chief Health Officer.

Halifax, N. S., November 30, 1936.

REPORT OF THE DEPUTY REGISTRAR GENERAL

To the Honourable Frank R. Davis, M.D., F.A.C.S., Minister of Health and Registrar General.

Sir:

I beg to submit the report of the Deputy Registrar General for the year 1935.

In the year 1935 there were 11617 live and 342 still births, representing an increase of 210 live, and a decrease of 8 still births as compared with 1934. The deaths from all causes numbered 6164, being 119 more than in the year immediately preceding. 838 infant deaths occurred and diseases of pregnancy, childbirth and the puerperal state claimed 62 lives. 3946 marriages were solemnized, 190 more than in 1934. The upward trend in marriage rates is regarded as an indication of improving economic conditions. Increasing employment and more money in circulation prompt people to enter matrimony and establish homes for themselves.

Registration of births and deaths occurring in the provinces, is improving, nevertheless there are still some who are backward in sending in returns they are required by Statute The Vital Statistics Act provides that the medical doctor or other person who attends at the birth of a child shall give notice of the fact, within twenty-four hours, to the Division Registrar of the Division in which the child was born. Following this the father, mother or householder is required to affect official registration in the prescribed form, with the Division Registrar, within thirty days. Likewise it is incumbent upon the doctor who has been in attendance during the last illness of any person to file with the Division Registrar, notice of the death in the proper form. The undertaker is then charged with the responsibility of filing the official death certificate with the local registrar. Unfortunately those upon whom these responsibilities are enjoined do not always discharge their obligations, perhaps because they do not reflect upon the serious consequences of failure to properly record the facts of births and deaths.

Birth certificates are of especial value, not only to the children concerned, but also to adults and to the community as a whole. They are essential for securing passports, for proving citizenship, legitimacy, identity and right of inheritance to property. They furnish data necessary for the granting of pensions and other compensations. The rights to vote, marry and to secure employment are fixed by such certificates. They are also useful for a variety of other purposes.

Death registrations are of equal importance. Such records are essential in determining causes of deaths, duration of life, and in the settlement of insurance claims. Unless there is accurate and complete reporting of deaths, it is not possible to tell from what causes and at what ages the greatest number of people are dying, neither can we tell whether certain diseases are increasing or diminishing. It is from an analysis of the information contained in Vital Statistics generally, that health departments are enabled to form their policies of health preservation.

In order to encourage accuracy and completeness in assembling these important data, an official of the Health Department, visited, during the year, as many registration divisions as possible for the purpose of assisting local officials in properly preparing their returns.

Appended will be found the usual statistical tables, arranged and classified in accordance with the national standardization.

I have the honour to be, Sir,

Your Obedient Servant,

P. S. CAMPBELL, M.D.,

Deputy Registrar General.

Halifax, N. S. November 30, 1936.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

To the Chief Health Officer:

I beg to submit my report for the fiscal year, ending November 30, 1936.

A retrospection of Public Health achievements in the several counties in my division during the past year reveals steady progress, and the health of the people in general on a high level. The usual seasonable epidemics, mostly mild, have occurred in several districts, but attended by very few. if any, deaths. A small outbreak of Typhoid fever was reported from Digby County, but the scource of infection was quickly uncovered, and further outbreaks eliminated from that source. Two deaths from an unusual cause, viz., mussel poisoning, were reported, also from Digby County. The Department carried on an investigation into this matter and the study of mussels from different areas about the respective scenes of fatalities is still being carried on, and it is hoped that some light will be thrown on the edible qualities of these shellfish. No cases of infantile paralysis were reported in the division, neither were there any cases of small pox or any other of the acute serious infectious diseases.

As in other years our time was directed mainly in efforts of tuberculosis control. Our mortality figures in this disease may in some cases appear large and probably somewhat misleading without a thorough knowledge of present and past conditions. The ideal should be readily accepted as being beyond reach in the light of present day knowledge, but our aim should be to push forward as near that impossible goal as it is humanly possible for us so to do. This objective is possible only through the live interest and co-operation of the people comprising our population and I unhesitatingly point to that age group between twelve and twenty-five as the one holding the possible solution of the problem in their hands. An educational program of the horse sense type, instilling in them an appreciation of good health values and the prevention

of disease would have a far reaching and lasting effect. Making our public health conscious instead of disease conscious is the right and proper course to pursue.

Last winter I had the privilege of visiting sanatoria in the Province of Ontario and the State of New York, and getting an insight into the methods of treatment and control used This privilege extended me I greatly appreciate and I hope the experience gained justified the granting of time and expenditure. Ontario and New York have many large institutions, and as yet are below the large population require-One striking feature is the easy access of patients into sanatoria, the municipalities being held responsible by statute, for treatment, and without their consent. There is also a statute both in Ontario and New York, making it compulsory for an open case of pulmonary tuberculosis to take treatment, but this is not enforced, as there is no statutory provision made to detain the patient after admission. After making a study of conditions, I concluded that comparatively our progress, expenditure, bed capacity, etc. measured up well with that in Ontario and New York, and we can assuredly occupy a place in the front ranks of tuberculosis control and treatment.

Our Public Health Nursing Service is one that cannot be excelled in any Province in Canada. The work of this Service is continually growing and members of the staff are doing worth while work in educational and other phases of the service. They are to be commended for their devotion and untiring energy in the discharge of their duties. To them I extend my appreciation for their steady co-operation, also to the members of the medical profession, whom we have to rely on for success in contacting the public and making our path an easier one to travel.

Further appreciation must be passed on to the wardens, clerks and members of the municipal councils for their sympathetic understanding of the tuberculosis problem, and their ready assistance to the class of patients that sorely need assistance.

It is gratifying to know that the Board of Management of the Highland View Hospital, Amherst, are seriously considering building an addition to their institution for the care of certain cases of Tuberculosis. It is hoped that building operations will commence in the spring. I might also say that interested people in Pictou County are also talking up the question of an institution for the care of some of their tuberculosis cases.

Under your direction, Sir, I made an inspection of a number of penal and humane institutions throughout the Province and also assisted the Mothers' Allowance and Education Departments in submitting necessary reports on some of their cases.

The following is an account of the number of chest cases examined by me during the year:

1st. Positive Examinations	229
1st. Negative Examinations	821
1st. Suspect Examinations	86
2nd. Positive Examinations	
2nd. Negative Examinations	360
2nd. Suspect Examinations	40
-	
Total	1936

Again, Sir, I wish to thank you for your kind assistance and co-operation, and always available advice in matters pertaining to Public Health, and also that of the Honorable Minister of Health.

Respectfully submitted,

J. J. MacRITCHIE, M.D., Divisional Medical Health Officer.

Halifax, N. S., November 30th, 1936.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

To the Chief Health Officer:

As Divisional Health Officer for the Eastern Division of Nova Scotia, I beg to submit my first annual report for the fiscal year ending November 30, 1936.

Owing to the unfortunate death of Dr. C. M. Bayne, the duties of D.M.H.O. were taken over on the thirtieth of June, 1936, and I have endeavored to carry on the high standard as set by my predecessor.

In this territory there is an active and sustained interest in Public Health work, particularly in the control and treatment of Tuberculosis. This is seen not only in the industrial districts, but also in rural sections. Clinics are welcomed and well patronized, and the co-operation of local authorities is offered freely.

Many of the fishing and rural districts are unfortunately, at a considerable distance from any hospital so that the obtaining of X-rays on doubtful and contact cases of Tuberculosis is often impossible. The use of a portable X-ray unit would, I feel, be of great benefit in the diagnosis of Tuberculosis in certain districts. Also the examination of contacts by means of the X-ray would materially help in the control of the disease, since it is recognized that childhood and incipient Tuberculosis are, in the great majority of cases, only diagnosed with certainty by means of the X-ray or fluoroscope.

I would like at this time to thank the hospital management and personnel of all hospitals in the Division for their hearty cooperation. The price of X-rays has been lowered in many instances and many plates are taken gratis. Many societies and service clubs are showing an increasing interest in the Tuberculosis problem and helping the work by paying for X-ray films in needy cases, supplying extra milk, food and clothing and assisting in the examination of contact cases. Benefit organizations are also doing their part in the control of the dread disease.

The report and recommendations made by Drs. Grant and McLean in the Glace Bay district have been, on the whole, favorably received and it is the hope of everyone, especially the members of the medical profession, to see the recommendations put into effect as soon as is reasonably possible.

At this time I would like to take this opportunity to thank the Honorable Minister, yourself and staff for complete cooperation in the work in this Division, also the Public Health Nurses, who by unselfish work and cooperation, play a most important part in the work.

The following is a summary of the work carried out in my Division:—

Number of positive cases seen for 1st time	226
Number of positive cases re-examined	417
Number of suspected cases seen for 1st time	246
Number of suspected cases re-examined	
Number of negative cases seen for 1st time	1230
Number of negative cases re-examined	117
Total	2281

A school survey, including fluoroscopic examinations of approximately three hundred and fifty (350) students is being carried out in North Sydney with the cooperation of the local chapter I.O.D.E.

Respectfully submitted,
J. S. ROBERTSON, M.D.,
Divisional Medical Health Officer.

Sydney, N. S., November 30, 1936.

REPORT OF TRAVELLING TUBERCULOSIS DIAGNOSTICIAN

To the Chief Health Officer:

As travelling diagnostician from the Sanatorium Staff, serving the counties of Lunenburg, Queens, Shelburne and Yarmouth, I beg to submit my second annual report for the fiscal year ending November 30, 1936.

During the year three clinics covering this area were held. The principles adopted previously were followed closely, namely, that the control of tuberculosis depends on the satisfactory correlation of all factors, medical, municipal and private. Each Municipal Council was visited during its annual session in January and particular problems concerning tuberculosis were discussed. It is most satisfactory to be able to report that their cooperation has been most encouraging. It is regrettable, however, that there are sections where the Municipal Council is apparently willing to cooperate in the matter of treatment for the tuberculous, but are unable to do so because of the financial status. The situation in these localities is rather alarming, for one finds a high death rate and open cases of tuberculosis in large families where living conditions are poor; such a situation is fraught with danger and little can be expected in the way of control unless aid is forthcoming which will facilitate treatment, education, or operative measures, when indicated, for the control of open cases.

A pneumothorax centre has been established in the town of Yarmouth. This has been made possible through the cooperation of the Board of Directors and the Medical Board of the Yarmouth Hospital. There are now five pneumothorax centres in these five counties. The importance of such equipment in competent hands cannot be over emphasized, since in collapse therapy lies the means for control of open cases and the protection of contacts in the home, and the opportunity for the individuals quicker return to usefulness.

Emphasis has been placed on the necessity for X-ray examination of contacts and the cooperation obtained from municipal authorities and private individuals in providing

transportation to X-ray centres for those who otherwise would be deprived of this service, has been highly gratifying. A total of 385 contacts were examined.

The facilities for surgical treatment at the Sanatorium have been taken advantage of whenever possible and results have fully justified this step.

I wish to take this opportunity to express appreciation of the untiring endeavors and cooperation of the nurses serving this area; of the medical profession in general and the Health Officers in particular for their continued interest and support; and to the municipal authorities for their attention and action in fulfilling recommendations.

To you, Sir, and to the Honourable Minister, may I express my thanks for the counsel which has always been so thoughtfully and generously given.

Finally, I must express my sincere appreciation to the Honourable Minister for granting me leave of absence so that I might pursue studies at the School of Hygiene, University of Toronto, leading to a Diploma in Public Health. I feel that this post graduate course will make for greater competence in coping with problems which may arise in public health work in general and tuberculosis in particular.

The following is a report of the examinations made in three clinics during the year:

Number of positive cases seen for the first time Number of positive cases re-examined. Total Positive Cases Examined.	338
Number of suspected cases seen for the first time Number of suspected cases re-examined	68 43
Total Suspected Cases Examined	111 or 9%
Number of negative cases seen for the first time Number of negative cases re-examined	456
Total Negative Cases Examined	

Twelve addresses were given to various bodies interested in tuberculosis.

Respectfully submitted,
C. J. W. BECKWITH, M. D.,
Clinic Examiner.

Toronto, Ont., November 30th, 1936.

REPORT ON THE WORK OF THE PUBLIC HEALTH LABORATORY

To the Chief Health Officer:

During the fiscal year ending November 30, 1936, a total of 44,892 specimens of various kinds were examined and reported upon. They have been classified as follows:

Kahn Tests, Blood		. 8947
Positive	1352	. 0011
Negative	7322	
Unsatisfactory	273	
Hinton Tests		. 8136
Positive	1730	. 0100
Negative	6406	
Smears for Gonococci		4973
Positive	1299	. 1010
Negative		
Sputum for Tubercle bacilli		7277
Positive	1921	. (411
Negative	5356	
Throat Swabs		2055
Throat Swabs Diphtheria		3955
Diphtheria		3955
Diphtheria Positive	541	3955
Diphtheria Positive Negative	541 3101	3955
Diphtheria Positive	541	3955
Diphtheria Positive Negative Vincent's Haemolytic Streptococci	541 3101 92	3955
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests	541 3101 92 221	3955
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests B. typhosus Positive	541 3101 92 221	
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests B. typhosus Positive Negative	541 3101 92 221 11 203	3955
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests B. typhosus Positive Negative B. paratyphosus A Positive	541 3101 92 221 11 203 0	214
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests B. typhosus Positive Negative B. paratyphosus A Positive Negative Negative	541 3101 92 221 11 203 0 214	
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests B. typhosus Positive Negative B. paratyphosus A Positive Negative B. paratyphosus B. Positive	541 3101 92 221 11 203 0 214 17	214 214
Diphtheria Positive Negative Vincent's Haemolytic Streptococci Widal Agglutination Tests B. typhosus Positive Negative B. paratyphosus A Positive Negative Negative	541 3101 92 221 11 203 0 214	214

YEARLY REPORT, 1936

During the period under review, the work carried out in the Public Health Laboratory showed an increase of 8.3% over the corresponding period of the preceding year, due mainly to a great increase in the number of throat swabs and sputa examined.

The only change in the Laboratory Staff was the appointment of Miss Helen Gates as junior technician.

All of which is respectfully submitted.

Dr. D. J. MacKENZIE,

Director of Laboratories, Department of Public Health.

Halifax, Nova Scotia, November 30, 1936.

REPORT OF PROVINCIAL PATHOLOGIST

To the Chief Health Officer:

During the 12 month period, 2645 specimens of tissue of various kinds were received and reported upon. They have been classified as follows:—

Tumours, malignant 35	57
Tumours, simple 25	26
Tumours, suspicious	
Other conditions 173	
From 61 Post Mortem examinations	15

2645

The monthly average for the year 1935 was 209. For the year 1936 the monthly average was 220.

29,584 specimens of various kinds were received and reported upon. They have been classified as follows:

Blood		10,347
Bilirubin Van den Bergh reaction	36	
Fouchet Test	61	
Icterus Index	61	
Bleeding Time	144	
Calcium	20	
Chlorides	1	
Cholesterol	2	
Clot Retraction	3	
Coagulation Time	358	
Compatibility	240	
Counts, Arneth	5	
Full Blood Pictures	350	
Haemoglobin (alone)	5	
Leucocyte (alone)	14	
Red Cell Count (alone)	3	
Platelet Count	15	
Reticulocyte count	17	
Schilling count	1	
Blood films, differential count.	252	
Blood films, malarial parasites	3	

REPORT OF THE DEPARTMENT OF PUBL.	IC HEALTH	33
Microscopical examination, general	44	
Pancreatic Insufficiency	7	
Parasites	81	
Strychnine	1	
Tubercle Bacilli	2	
Tubercie Dacini	4	
Hair and Skin for Ring Worm Parasites		3
Gastric Contents		267
A 1 1 1	0	
Alcohol	6	
Fractional test meals (complete Analysis)	247	
Poisons	14	
Smears		14
		11
Urethral	1	
Vaginal for Gonococci and Trichomonas		
homonis	11	
For Vincent's Angina	2	
		440
Swabs		419
From Abdomen	3	
" Abscess	15	
" Appendix	6	
" Arm	3	
" Cervix	1	
" Ear	20	
" Eye	68	
" Finger	3	
" Leg	7	
" Mouth	4	
" Nose	12	
" Post-Mortems	5	
" Rectum	3	
" Teeth	8	
" Throat	258	
Other Swabs (including Cancer cells)	8	
Smuta		70
Sputa		70

It is pleasing to note that the Laboratory facilities are still being used to the fullest advantage by the clinical staff and the physicians of the Province. Complaints are conspicuous by their absence.

Inoculation of Guinea-pig for Rickettsia

My assistant Dr. G. A McCurdy and my technician Miss Whidden continue as formerly to give loyal, able and valuable assistance and service.

Respectfully submitted,

RALPH P. SMITH, M.D., D.P.H.,

Provincial Pathologist

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Halifax, N. S. November 30, 1936.

REPORT OF THE SANITARY ENGINEER

To the Chief Health Officer:

As Sanitary Engineer for the Province of Nova Scotia, I submit herewith my first annual report, for the fiscal year, ending November 30, 1936.

The office of Sanitary Engineer for the Province of Nova Scotia was created in 1935, and the first appointment made in February, 1936.

The duties of the Sanitary Engineer are concerned with all matters where engineering work may affect Public Health. The chief of these are: public water supplies; sewerage systems; dairies, particularly pasteurizing plants; rural sanitation; tourist camps; and statistical work in connection with epidemiological studies.

The engineer has this year endeavoured to visit and inspect all public water supplies in the Province. There have been found a number of which there was no previous record; chiefly in mining towns. Most of these inspections have been routine; one, however, has revealed a number of defects. The Nova Scotia Hospital at Woodside has its own water supply, coming from Maynard's Lake, in Dartmouth; the water passes through slow sand filters, before use. Bacterial counts were high; a number of inspections were made, revealing several possible sources of trouble. A cross-connection between the raw water and the filtered water at the pumps, is believed to have been the chief, if not the sole cause of the contamination of the filtered water. This connection was cut and the pipe plugged; since that time, bacterial counts have been lower, and B. coli have disappeared.

Investigations have been made into the feasibility of sewerage systems for several towns, in one of which the possibility of a water system was also investigated. The work has varied from a brief study of the location to a preliminary plan with rough cost estimate. It is not in the province of a

Public Health Department to make final plans, and it has been the policy of practically all health departments not to accept this responsibility unless absolutely necessary. It is hoped that in several cases, the report of the engineer to the department will be acted upon.

Full dairy inspection presents a very widespread and difficult problem. In the province there are many persons who keep from one to three cows, and who sell a few quarts of milk daily to neighbors or tourists. Inspection of dairies has been confined to those in the larger towns, and chiefly to pasteurizing plants. They may seem a short-sighted policy; but as these plants would affect the greatest number of people in case of a milk-borne epidemic, the greatest good to the greatest number of our people, can thus be accomplished with any given amount of time available for inspection.

One of the difficulties of making an adequate inspecting service for dairies is the lack of quick and certain means of testing. The Department has recently purchased a sediment tester, which it is hoped will give some basis for judging the quality of milk. The centrifuge method is not designed for field use; the tester purchased is said to give comparable results by a different system. It is too early at present to say whether this tester will be found satisfactory; but it is of a type which has given good results in many places, including the city of Halifax.

This branch of the Department hopes to institute an educational campaign next year, dealing with rural sanitation. Privies and wells throughout the rural districts are at present far from satisfactory. It is hoped that by improving conditions around schools particularly, that two things may be achieved; first, the safe-guarding of pupils against disease; and second, the provision of an example to the people of the district.

The only work done this year in tourist camps was a sanitary inspection of the Nova Scotia Guides Association camp site at Lake William, Lunenburg Co. This inspection was made at the request of the manager of the camp. Certain

measures were suggested to avoid nuisance. In the future, camp inspection will be largely along the lines of rural sanitation, with a certain amount of food inspection as well.

During this year, most inspections of all sorts have been made as the necessity arose. In the future, a routine will be developed for water and milk inspections, which should make for greater efficiency.

There has been no occasion during this period for statistical or epidemiological studies.

One other field of work has been entered, to a slight extent. The engineer is co-operating with the Nova Scotia Housing Commission in a survey of conditions in different parts of the province, and it is probable that this will be continued for a short time into the next fiscal year.

Respectfully submitted,

R. DONALD McKAY,

Sanitary Engineer.

Halifax, N. S. November 30th, 1936.

REPORT OF THE SUPERINTENDENT OF NURSING SERVICE

To the Chief Health Officer:-

I beg to submit my report for the year ending November 30, 1936.

One of the ten nurses who were on duty for the full year gave considerable assistance with the Survey work undertaken in the vicinity of Glace Bay. In addition, to this group, Miss Hazel R. C. MacDonald was taken on the staff on October 15, 1936. Smaller districts would enable the nurses to give more efficient service.

The appended table, which gives a summary of the outstanding activities of the nurses, reveals that the percentage of time spent on clinic and home work is increasing each year. The proportion of pupils with decayed teeth have been reduced 10%. There is also a 6% reduction in the number of unvaccinated pupils. Several free dental clinics were provided, but there is still considerable remedial work of this kind that requires special attention. The complexities of our modern life means increased burdens to be carried.

The effectiveness of procedures followed in dealing with many problems, are appraised, and an effort is made to adopt methods that give promise of more satisfactory results. The free discussion of problems at the Nurse's Annual Conference, helps to remove the weak links in the Service.

There were one hundred thousand sputum cup refills and five hundred holders for these refills distributed free to positive and suspect cases of tuberculosis. This is an increase over the number given in the fourteen month period of the previous year. This increase proves that more care is being taken in checking the spread of the disease. With the assistance obtained from various sources, the nurses have been successful in alleviating distress in numerous homes. They have also helped to protect a large number of children from exposure to infection.

The usual number of requests for various publications were received. This service is of particular value to young mothers. The demand for all types of assistance has grown considerably.

The responsibility of building up a Service that deals so closely with the lives of the people is a difficult task, but it is a privilege to be permitted to take a part in the development of such important work.

In conclusion, I wish to express my appreciation of the cooperation received from individuals and organizations.

All of which is respectfully submitted,

MARGARET E. MacKENZIE, R. N.,
Superintendent of the Nursing Service.

Halifax, N. S. November 30th, 1936.

Cases Examined by the Divisional Medical Health Officers, Dec 1, 1935 to Nov. 30th, 1936.

	1st	Exar	ns.	Re	-Exai	ms.		and
COUNTIES	Positive	Negative	Suspect	Positive	Negative	Suspect	Total examinations	Examinations, 20 yrs. under
Annapolis	28	51	11	42	31	5	168	64
Antigonish	32	72	8	37	67	2	218	97
Cape Breton	161	796	158	284	40	34	1473	670
Colchester	32	62	7	58	61	5	225	99
Cumberland	39	87	12	78	49	3	268	86
Digby	35	83	14	100	36	7	275	119
Guysboro	23	53	12	20	4	5	117	56
Halifax County	25	22	8	26	14	1	96	42
Halifax City	2			1			3	2
Hants	12	24	5	22	17	5	85	40
Inverness	9	91	40	43	5	2	190	85
Lunenburg	29	152	21	100	82	9	393	153
Pictou	40	82	21	63	29	11	246	109
Queens	7	44	7	53	25	9	145	60
Richmond	6	44	15	18		3	86	37
Shelburne	13	52	4	38	7	9	123	57
Victoria	. 2	32	13	16			63	30
Yarmouth	63		35	151	90	13	561	271
Normal School Students	1	237		2	11		251	251
Windsor High School Students	1	1		1	26		110	110
Indian Res. School	7	82	7	6	85	. 2	189	189
Mt. St. Bernard		151	1		2		154	141
TOTAL	567	2508	399	1159	681	125	5439	2768

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HUMMARY OF NURSES ACTIVITIES, 1

REF	OKI OF THE	DBI III DI -	
Delays	ernoH	3.30 1.00 26.45 11.00 10.45 10.25 1.10	65.35
Bedside careetc.	Hours	40.45 3.00 41.15 14.30 100.00 104.30 15.30 21.45 11.30	352.45
Meet- ings	Hours spent	15.30 9.30 1.00 39.45 7.40 6.30 5.55	86.50
Office	Hours apent on Office Work	474.15 322.50 442.40 228.00 420.45 322.15 358.45 305.25 832.30 69.15	3776.40
Interviews	Hours apent on Interviews	195.35 167.10 107.45 158.00 60.40 62.00 143.50 259.50 251.40 65.35	1472.05
Inter	No. of Interviews	715 461 130 176 295 247 459 798 1157 285 263	40 4986 1472
Visits	Hours apent in Homes	496.00 457.35 491.30 602.00 525.30 717.00 478.05 498.30 543.50	
Ноше V	No. of Cases given attent- ion in homes	1360 1541 1351 1691 1487 1762 2408 2147 1063 84 84	17493 4842
Ho	No. of Homes Visited	998 1071 904 1365 1258 1351 1407 1142 1004 79	12178
Work	Hours spent in Schools	382.45 451.35 452.00 496.00 478.00 465.00 705.20 771.00 122.40	1650 38120 4334.20
School V	No. of Pupils Examined	3073 4026 3015 3504 3424 3571 7166 5295 951 76	38120
Sc	No.classRooms Inspected	134 172 149 146 148 156 283 220 43 4	1650
Travelled	Hours spent	333.20 416.10 235.25 194.25 307.50 355.15 315.55 304.35 283.50 68.50	2815.35
Tra	esliM to oN	6487 5823 4331 4969 5211 5833 6857 4463 5539 1648	57387
Clinic	Hours spent on ClinicWork	334.20 254.55 150.30 371.30 109.30 86.30 91.30 44.30 107.50 58.30	1211 21618.00 1873.35 57387 2815.35
Duty	Hours spent on	2276.00 2083.45 1947.50 2076.25 2052.45 2112.45 2127.00 2190.00 2171.10 319.20	21618.00
£	Months on Dut	12 12 12 12 12 13 11 14	1214
		Miss G. Anderson Miss H. H. Macdonald Miss A. R. Macdonald Miss F. Macdougall Miss I. MacIntosh Miss B. Martell Miss A. Slattery Miss C. Wade Miss L. Dillon Miss H. R. Macdonald Miss M. O. Gray	Total

PROVINCE OF NOVA SCOTIA BIRTHS AND BIRTH RATES BY COUNTIES 1935

COUNTY	Population (1931 Census)	Number of Living Births	Rates per 1,000 Population
Annapolis	16297	309	18.9
Antigonish	10073	256	25.4
Cape Breton	92419	2487	26.9
Colchester	25051	547	21.8
Cumberland	36366	831	22.8
Digby	18353	378	20.5
Guysboro	15443	356	23.0
Halifax	100204	2441	24.3
Hants.	19393	487	25.1
Inverness	21055	416	19.7
Kings	24357	543	22.2
Lunenburg	31674	571	18.0
Pictou	39018	688	17.6
Queens	10612	295	27.7
Richmond	11098	217	19.5
Shelburne	12485	269	21.5
Victoria.	8009	134	16.7
Yarmouth.	20939	392	18.7
Total	512,846	11,617	22.6

Note: Based on the corrected population for 1935 the provincial Birth Rate is 22.

PROVINCE OF NOVA SCOTIA BIRTHS AND BIRTH RATES, CITIES AND TOWNS 1935

CITIES and TOWNS	Population (1931 Census)	Number of living births	Rate per 1,000 population
CITIES:			
Glace Bay	20706	779	37.6
Halifax	59275	1679	28.3
Sydney	23089	589	25.5
TOWNS: (1,000 population and over):			
Amherst	7450	180	24.1
Antigonish	1764	171	96.9
Bridgetown	1126	15	13.3
Bridgewater		56	17.1
Canso		33	20.9
Dartmouth	9100	128	14.1
Digby	1412	68	48.1
Dominion		25	8.7
Inverness	2900	150	51.7
Joggins	1000	29	29.0
Kentville		30	9.8
Liverpool	2669	120	44.9
Lunenburg	1	. 40	14.6
Mahone Bay	1065	9	8.4
New Glasgow	8858	324	36.5
New Waterford	7745	310	40.0
North Sydney	6139	172	28.0
Oxford	1133	22	19.4
Parrsboro	1919	29	15.1
Pictou	3152	66	20.9
Port Hawkesbury	1011	1	. 9
Shelburne	1474	26	17.6
Springhill	6355	182	28.6
Stellarton	5002	52	10.3
Sydney Mines	7769	221	28.4
Trenton	2613	34	13.0
Truro	7901	184	23.2
Wedgeport		20	15.4
Westville	3946	34	8.6
Windsor		108	35.6
Wolfville		106	58.3
Yarmouth	1	171	24.2
Total	223,215	6,163	27.6

PROVINCE OF NOVA SCOTIA DEATHS AND DEATH RATES BY COUNTIES, 1935

COUNTY	Population (1931 Census)	Number of Deaths	Rate per 1,000 Population
Annapolis	16297	211	12.9
Antigonish	10070	232	23 0
Cape Breton	00440	993	10.7
Colchester	0 = 0 = 4	280	11.1
Cumberland	0.000.00	397	10 9
Digby	10000	182	9.9
Guysboro	4 = 440	165	10.6
Halifax	100204	1310	13.0
Hants	19393	237	12.2
Inverness	01055	293	13.9
Kings	04077	295	12.1
Lunenburg	04.074	380	11.9
Pictou	00010	456	11.6
Queens	40010	118	11.1
Richmond	44000	142	12.7
Shelburne	40105	161	12 8
Victoria	0000	83	10.3
Yarmouth	00000	229	10.9
Total	512,846	6,164	12.0

Note: Based on the corrected population for 1935 the provincial Death Rate is 11.6.

PROVINCE OF NOVA SCOTIA, DEATHS AND DEATH RATES, CITIES AND TOWNS 1935

CITIES and TOWNS	Population (1931 C nsus)	Number of Deaths	Rate Per 1,000 Population
CITIES:			
Glace Bay	20706	269	12.9
Halifax		874	14.7
Sydney		233	10.0
TOWNS: 1,000 population and			
over Amherst	7450	95	12.7
Antigonish	1400	133	
Bridgetown		23	75.3
		23 66	20.4
Bridgewater			20.2
Canso		18	11 4
Dartmouth	1 :	69	7 5
Digby		19	13.4
Dominion		24	8.4
Inverness		51	17.5
Joggins		9	9.0
Kentville		60	19.7
Liverpool		28	10.4
Lunenburg	1	30	11.0
Mahone Bay		10	9.3
New Glasgow		125	14.1
New Waterford		84	10 8
North Sydney	6139	83	13.5
Oxford	1133	12	10.5
Parrsboro	1919	25	13 0
Pictou	3152	50	15.8
Port Hawkesbury	1011	0	.0
Shelburne	1474	12	8.1
Springhill	6355	73	11.4
Stellarton	5002	43	8.5
Sydney Mines		101	13.0
Trenton		20	7.6
Truro		108	13.6
Wedgeport	1	10	7.7
Westville		40	10.1
Windsor		58	19.1
Wolfville		41	22.5
Yarmouth		104	14.7
Total	223,215	3,000	13.4

PROVINCE OF NOVA SCOTIA INFANT MORTALITY BY COUNTIES 1935

	Number of	Deaths	Rate per
COUNTY	Living	under	1,000 living
	Births	one year	Births
Annapolis	309	18	58.2
Antigonish	256	20	78.1
Cape Breton	2487	213	85.6
Colchester	547	36	65.8
Cumberland	831	61	73.4
Digby	378	29	76.7
Guysboro	356	21	58.9
Halifax	2441	152	62.2
Hants	487	20	41.0
Inverness	416	38	91.3
Kings	543	27	49.7
Lunenburg		51	89.3
Pictou	688	55	79.9
Queens	295	21	71.1
Richmond	217	20	92.1
Shelburne	269	25	92 9
Victoria	134	6	44.7
Yarmouth	392	25	63.7
Total	11,617	838	72 1

PROVINCE OF NOVA SCOTIA INFANT MORTALITY, CITIES AND TOWNS 1935

CITIES and TOWNS	Number	D 41	Rate per
CITIES and TOWNS	Living Births	Deaths under 1 week	1,000 living
1,44.1	Dirths	under 1 year	births
CITIES:			
Glace Bay	779	85	109 1
Halifax	1679	105	62 5
Sydney	589	24	40.7
TOWNS: (1,000 pop. and over)	*		
	100		
Amherst		14	77.7
Antigonish		17	99 4
Bridgetown			140.0
Bridgewater		8	142 8
Canso		2	60.6
Dartmouth		5	39 0
Digby		2	29 4
Dominion		8	320.0
Inverness		13	86.6
Joggins		3	103 .4
Kentville		3	100.0
Liverpool	120	.7	58.3
Lunenburg		1	25.0
Mahone Bay		10	
New Glasgow		18	55.5
New Waterford		25	80 6
North Sydney		22	127.9
Oxford			
Parrsboro		2	68.9
Pictou		6	90.9
Port Hawkesbury			
Shelburne		3	115.3
Springhill		14	76 9
Stellarton		8	153 8
Sydney Mines		12	54.2
Trenton		3	88.2
Truro		13	70.6
Wedgeport		1	50.0
Westville		7	205.8
Windsor		3	27.7
Wolfville		4	37.7
Yarmouth	171	11	64.3
Total	6,163	449	72.8

PROVINCE OF NOVA SCOTIA, ALL FORMS TUBERCULOSIS DEATHS AND DEATH RATES BY COUNTIES, 1935

COUNTY	Population (1931 Census)	Number of Deaths	Rate per 100,000 population
Annapolis	16297	12	73.6
Antigonish	10073	32	317 6
Cape Breton	92419	70	75 7
Colchester	25051	11	43 9
Cum erland	36366	25	68 7
Digby	18353	7	38.1
Guy boro	15443	21	135.9
Halifax	100204	128	127.7
Hants	19393	17	87.6
I verness	21055	19	90 2
Kings		43	176.5
Lunenburg	31674	14	44.2
Pictou		28	71 7
Queens	10612	12	, 113.0
Richmond	1	16	144 1
Shelburne	12485	8	64 0
Victoria	8009	4	49.9
Yarmouth	20939	21	100.2
Total	512,846	488	95.1

Note:—Based on the corrected population for 1935, the Provincial Death Rate from all forms Tuberculosis is 92.

PROVINCE OF NOVA SCOTIA ALL FORMS TUBERCULOSIS DEATHS, AND DEATH RATES BY CITIES AND TOWNS 1935

Cities and Towns	Population (1931 Census)	Number of Deaths	Rate per 100,000 population
CITIES:			
Glace Bay	20706	11	53.1
Halifax	59275	80	134.9
Sydney	23089	27	116.9
TOWNS: (1,000 pop. and over)			
Amherst	7450	6	80.5
Antigonish		26	147.3
Bridgetown	1126	1	88.8
Bridgewater	3262	2	61.3
Canso	1575	3	190.4
Dartmouth		6	65.9
Digby	1412	2	141.6
Dominion		1	35.1
Inverness		9	310.3
Joggins			1055.0
Kentville		32 2	74.9
Liverpool		1	00.0
Lunenburg			·
Mahone Bay		7	79.0
New Glasgow		3	38.7
New Waterford	1	8	130.3
North Sydney	1		100.0
Oxford	1010	2	104.2
Parrsboro	-450	3	95.1
PictouPort Hawkesbury			
Shelburne			
Springhill		5	78.6
Stellarton		6	119.9
Sydney Mines		7	90.1
Trenton		1	38.2
Truro.		5	63.2
Wedgeport		1	77.2
Westville		1	25.3
Windsor		5	164.9
Wolfville		5	275.0
Yarmouth		11	155.9
Total	223,215	279	124 .9

PROVINCE OF NOVA SCOTIA

PULMONARY TUBERCULOSIS DEATHS AND DEATH RATES BY COUNTIES 1935

COUNTY	Population (1931 Census)	Number of Deaths	Rate per 100,000 population
Annapolis		8	49.0
Antigonish	10073	30	297.8
Cape Breton	92419	61	66.0
Colchester	25051	10	39.9
Cumberland	36366	22	60.4
Digby	18353	6	32.6
Guysboro	15443	18	116.5
Halifax	100204	104	103.7
Hants	19393	14	72.1
Inverness	21055	15	71.2
Kings	24357	40	164.2
Lunenburg	31674	11	34.7
Pictou	39018	23	58.9
Queens	10612	12	113.0
Richmond	11098	15	135.1
Shelburne	12485	7	56.0
Victoria	8009	3	37.4
Yarmouth	20939	17	81.1
Total	512,846	416	81.1

Note: Based on the corrected population for 1935, the Provincial death rate from pulmonary tuberculosis is—78.9

PROVINCE OF NOVA SCOTIA, PULMONARY TUBERCULOSIS DEATHS AND DEATH RATES BY CITIES AND TOWNS, 1935.

Cities and Towns	Population (1931 Census)	Number of Deaths	Rate per 100,000 Population
CITIES:			
Glace Bay	20706	7	33.8
Halifax		60	101.2
Sydney		26	112.6
rowns: 1,000 population and			
over	7450	4	53.6
Amherst		24	1360.5
Antigonish	1100		1000.0
Bridgetown	0000	2	61.3
Bridgewater		2	126.9
Canso	0100	6	65.9
Dar mouth	1	2	141.6
Digby	0040	1	35.1
Dominion	0000	7	241.3
Inverness	1000	•	241.0
Joggins	0.000	30	989.1
Kentville		2	74.9
Liverpool	0.00	1	36.6
Lunenburg	400	1	
Mahone Bay		C	67.7
New Glasgow		6 2	25.8
New Waterford	0400	6	97.7
North Sydney		0	
Oxford			104.2
Parrsboro		2	63.4
Pictou		2	
Port Hawkesbury	1011	*****	,
Shelburne			70 (
Springhill		5	78.6
Stellarton		4	79.9
Sydney Mines	7769	6	77.2 38.2
Trenton		1	
Truro		4	50.6
Wedgeport		1	77.2
Westville		1	25.8
Windsor		4	131.9
Wolfville		5	275.0
Yarmouth	7055	10	141.
Total	223,215	233	104.

PROVINCE OF NOVA SCOTIA, MARRIAGES AND MARRIAGE RATES BY COUNTIES, 1935.

COUNTY	Population (1931 Census)	Number of Marriages	Rate per 1,000 Popu- lation
Annapolis	16297	119	7.3
Antigonish		66	6.5
Cape Breton		726	7.8
Colchester	OFOFT	219	8.7
Cumberland	36366	304	8.3
Digby	18353	124	6.7
Guysboro		77	4.9
Halifax	400004	873	8.7
Hants	19393	175	9.0
Inverness	21055	108	5.1
Kings	24357	217	8.9
Lunenburg		231	7.2
Pictou		269	6.8
Queens	40040	110	10.3
Richmond	11098	46	4.1
Shelburne	12485	85	6.8
Victoria	8009	28	3.4
Yarmouth	20939	169	8.0
Total	512,846	3,946	7.6

Note: Based on the corrected Population for 1935, the Provincial Marriage Rate is 7.4.

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, DEA	TOWNS OF		All Ages	Male	3,267	107	152	96	697 128	155	234	420	351	116	123	53	 41	co ·		4.01	4
BIRTHS	AND			Total	6,164	232	280	182	1,310	293 295	380 456	118	161	229	874 233	95 133	23 66	18 60 60	19	269	609
RY OF	CITIES		irths)	Female	5,637	146		192	1,162	174	274 337	148	134	186	798	97	25	122	123	414	411
SUMMARY			Exclusive of Stillbirths)	Male	5,980	163	4	186	7						881 300	97			35		
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TABLE I—GENERAL			Counties, Cities	sumo I owns	Nova Scotia	Counties: AnnapolisAntigonish	Colchester	Digby. Guysboro.	HalifaxHants	Inverness	Lunenburg	Queens. Richmond	Shelburne		HalifaxSydney	Amherst.	Bridgetown Bridgewater	Canso Dartmouth	Digby. Dominion.	Glace Bay	

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TABLE II—SINGLE AND MULTIPLE	D MULI	TIPLE CO	ONFINE	NFINEMENTS A	AND LEG	LEGITIMATE	AND	ILLEGITIMATE		BIRTHS
			BY	COUNTIES	ES, 1935					
		No. of Con	nfinements	ts		No.	of Children	ren		
(Including cities			E	100		Born	alive		Stillborn	
and towns)	Total	Single	Twin	I ripiet	Total	Leg.	Illeg.	Total	Leg.	Illeg.
Annapolis. Antigonish	315			0 0 0 0 0 0 0 0	309	294	15	7 4	6	Η :
Cape Breton.	2,520	2,486	က တ	H	2,487	2,364	123	68 22 28 80 80 80 80 80 80 80 80 80 80 80 80 80	63	က က
Cumberland	0 00 00 0 00 00 0 00 00	844	7 -	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000 cc	778	53	 	34	
Guysboro	364		4.00	* • • • • • • • • • • • • • • • • • • •	oco ∠	320	27	12	10	010
Haliax Hants.	2,413	ΝÎ	700	:	487	461	109	12	101	201
Inverness	431	428 428	ယ 4	*	416	403 522	13	00 co	1 1 X	* * * * * * * * * * * * * * * * * * *
Lunenburg	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· +·	0 0 0 0 0 0 0 0 0 0 0	571	525	46	18	17	 -
Pictou	90 <i>L</i>	289	9 1		8 6 8 6 8 6	169 284	20,1	4.2	23	-
Richmond	222		· 01	• • •	217	211	9	2	9	
Shelburne	272	267	<u>.</u>		269	256	60 F	00 14	00 14	* 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Victoria Yarmouth	401	397	က	: -	392	352	40	14	12	2
Total	11,825	11,694	128	en l	11,617	10,954	663	342	312	30

TABLE III—SINGLE AND MULITPLE CO	MOM	BY	CITIES AND	AND TO	TOWNS, 193	S, 1935	a a			
	N	Number of	Confinements	ents		NuN	Number of C	Children		
Cities and towns	100	200		+0[4:*-	H	Born alive	е		Stillborn	
	lotai	Single	T W III	naidir	Total	Leg.	Illeg.	Total	Leg.	Illeg.
Amherst Antigonish	183	173	8 7		180	17	1	9	6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Bridgewater	- 170 c	01.0	1		10 50 50	⊣ ⊁ © ©			C	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Canso Dartmouth Diohy	129	-			1200	127	1-2	101 H	121	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Dominion Glace Bay	798				779	247	en .	30	28	27
Halifax Inverness.	1,697	1,6	20		1,679	10,1 10,1 10,1		∞	00°	9
Joggins Kentville	000				000	2167			T	
Liverpool Lunenburg	120	-	7	0	120			27	N	* * * * * * * * * * * * * * * * * * *
Mahone Bay.	336				324	30		·	13	, part 7
North Sydney	321 176	m —	<u> </u>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	310	200			9	-1 r-1
Oxford Parrsboro	300	2002			200	767				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Port Hawkesbury	00				1 1		0 0 0 0 0 0 0	0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Springhill	189 189	187		2	182	17,	10.4	6	6	
Sydney	587				589	2	<u>භ</u>	9	99	6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Number of Confinements		Total Single Twin Triplet Total Leg. Illeg. Total Leg. Illeg.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	6 909
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Num		Total	222 34 193 20 34 109 174	6969
	Cities and towns		Sydney Mines. Trenton. Truro. Wedgeport. Westville. Windsor. Wolfville.	E++5

TABLE IV-PLURAL BIRTHS CLASSIFIED TO SHOW NUMBER OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX, IN THE PROVINCE OF NOVA SCOTIA, 1935

Classification of Births	Total
Cases of twins	128
Two males (both living)	46
One male and one female (both living)	40
Two females (both living)	31
One male living and one male stillborn	1
One male living and one female stillborn	4
One male stillborn and one female living	1
One female living and one female stillborn	1
Two males (both stillborn)	2
One male and one female (both stillborn)	1
Two females (both stillborn)	1
Cases of triplets	3
Three males (all living)	1
Three females (all living)	1
Two males living and one male stillborn	1
Total Multiple Births	131
M.	150
F.	115
Total Single Living Births	11,368
M.	5,838
F.	5,530
Total Single Stillbirths	326
M.	185
	141
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KCLUSI		Total	11,617 5,454 6,163 6,163 294 151 171 2,487 2,096 2,096 2,096 1,71 2,096 1,71 2,096 1,71 1,71 1,71 1,71 1,72 1,73
TABLE V—BIRTHS (EXCLUSIVE OF STIL			NOVA SCOTIA Rural Urban ANNAPOLIS Bridgetown—t Bridgetown—t Bridgetown—t Bridgetown—t CAPE BRETON Rural Urban Antigonish—t CAPE BRETON Rural Urban Sydney—c Dominion—t Glace Bay—t New Waterford—t Sydney Mines—t Sydney North Sydney—t Sydney North Sydney—t Sydney North Sydney—t Sydney North Sydney—t North Sydney—t Truro—t Truro—t Truro—t Truro—t

REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 61

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TABLE V.—Births (ex lusive of stillbirths) by months, classified as rural and urban in the province of Nova Scotia. 1935

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		Total	105 105 105 105 105 105 105 105 105 105
			LUNENBURG Rural Urban Bridgewater—t Lunenburg—t Lunenburg—t Mahone Bay—t Rural New Glasgow—t Pictou—t Stellarton—t Trenton—t Westville—t Urban Liverpool—t Liverpool—t Rural SHELBURNE Rural SHELBURNE Rural Urban Shelburne—t Rural Urban Wedgeport—t Rural Urban VARMOUTH

TABLE VI-TOTAL BIRTHS (EXCLUSIVE OF STILLBIRTHS) AND BIRTHS IN INSTITUTIONS SHOWING THE NUM-BER OF MOTHERS NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1935.

	All B	irths	In Institutions				
	Total	Births to Mothers Non-resident in Province	Total	Births to Mothers Non-resident in Province			
Total for the Province	11,617	48	2,905	25			

54	REPO	ORT	OF THE L	EPARTME	INT OF	PUBLIC HEALTH
MOTHERS AND		than in Ins.	To mothers non-resident in city or town where birth occurred and	Resi- Non-redent sident in prov.	12 2 1	9188772371711
	D OVER	Births elsewhere than in	i val		833	139 127 210 89 256 145 75 134 107
-RESIDI	TON AND	Births	Total		847	141 128 217 90 262 147 82 145 117
AND NON-RESIDENT	POPULATION 1935	ns	To mothers non-resident in city or town where birth occurred and	Non- resident in prov.	⊢ m	
	OF 5,000 P SCOTIA, 1	Institutions		Resident in prov.	285	150 1182 182 182 182 20 20 20 20
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LLBIRT	TIES AN OVINCE		thers dent in town birth	non-re- sident in prov.	0 0	- 00
OF STI	NS IN CIT	births	To mothers non-resident in city or town where birth occurred and	Resident in prov.	297	26 11 183 183 183 10 10 10 29 29
LUSIVE	TUTIOI	All	To resi-	mothers	1,373	153 127 127 139 149 149 140 140 140
S (EXC)	INSTI		E	lotal	1,679	180 128 128 324 310 172 182 182 184 171
TABLE VII—BIRTHS (EXCLUSIVE OF STILLBIRTHS)	BIRTHS IN INSTITUTIONS IN CIT. IN THE PRO		CITIES and TOWNS		ities Halifax Sydney	Amherst. Dartmouth. Glace Bay. New Glasgow. New Waterford. North Sydney. Springhill. Stellarton. Sydney Mines. Truro.
TA			CITI		Cities Hali Sydu	Towns: Amhel Dartm Glace New (North Spring Stellan Sydne Truro

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(1)-Including "Galician" and "Bukovinian."

TABLE X-LEGITIMATE BIRTHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO AGE AND RACIAL ORIGIN OF MOTHERS, NOVA SCOTIA, 1935.

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(1) Including "Galician" and "Bukovinian"

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TABLE X			Lunenburg Rural Urban Bridgewater—t Lunenburg—t Mahone Bay—t Mahone Bay—t Mural Urban New Glasgow—t Pictou—t Stellarton—t Trenton—t Westville—t Urban Liverpool—t Rural Shelburne— Rural Shelburne—t Victoria Victoria Rural Urban Urban Urban Urban Urban Urban Urban Victoria Rural Varmouth Rural Urban Victoria Rural Varmouth Rural Victoria Rural Urban Victoria Rural Victoria

TABLE XIV-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE, SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1935

All deaths under one year In Institutions	Non-resident in province Total province	Total M. F. Total M. F. Total M. F.	2 1 181 109 72
		Total	181
	t in	<u>F</u>	1
ar	resident	M.	
one yea	Non-	Total	
hs under		F	352
All deat	Total	M.	486
		Total	838
			Total for the province

TABLE XV-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE CLASSIFIED ACCORDING TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5,000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA 1935

Deaths elsewhere than in institutions	Non-resident in city or town where death occurred and	nt Non-resident in Province	F T. M F	
here than in		Resident in Pro-	MF T. M	18 23
elsew		Tyesto	T.	411 15 10 10 10 10 10 10 10 10 12 12 12 12 12 12 13 14 14 15 16 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 17 17 17 17 17 17 17 17 17 17 17
Deaths	E + C	1800	T. MF	41 18 23 15 9 6 8 5 3 6 4 1 10 7 3 22 12 10 19 11 8 8 4 4 12 7 5 4 3 5
	tt in city rre death and	Non-resident in Province	M F	
institutions	Non-resident in city or town where death occurred and	Resident N in Pro-	MF T.	20 16 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Deaths in	Region to		T. MFT.	25 5 8 44 26 18 8 2 6 18 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			T. MF	64 42 22 6 9 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T1	Non-resident in city or town where death occurred and	Non-resident in Province	T. M. F.	
All deaths under one year		Resident in Province	T. MF	2016 4 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
deaths un	Residents		T. MF	23 11 12 23 11 12 24 44 1 12 24 13 11 12 2 1 12 1 1 12 1
Al	Total		T. MF	105 60 45 24 12 12 14 9 5 5 4 1 85 50 35 18 12 6 25 14 11 22 13 9 14 6 8 8 4 4 8 4 4 13 8 5 11 7 4
	Cities & Towns			Cities: Halifax Sydney Towns: Amherst Dartmouth Glace Bay New Glasgow New Glasgow North Sydney Springhill Stellarton Sydney Mines Truro

Table XVI— Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia, 1935.

AGES		Total
All infants	т.	838
	M.	486
	F.	352
Under 1 day	T.	138
	M.	80
4 1-	F T	58 53
1 day	M.	23
	F.	30
2 days	T.	
2 days	M.	
	F	13
3 days	.T.	40
V 4-7 3	M	25
	F	15
4 days	Т.	24
•	M	11
	F.	13
5 days	.T.	8
	M	4
	F	4
6 days	T.	13
	M.	1
	F.	2
Under 1 week	Т.	310
	M.	
	F.	
1 week and under 2 weeks	.T.	51
	M.	I .
O meeter and under 9 meeter	F. .T.	24 23
2 weeks and under 3 weeks	M.	
	F.	
3 weeks and under 1 month	.T.	30
o weeks and under 1 month	M.	
	F.	
Under 1 month	T.	414
	M.	
	F.	
1 month and under 2 months	.Т.	. 95
	M	51
	F.	
2 months and under 3 months	T.	. 78
	M.	
	F	. 36

Table XVI—Deaths of children under one year (exclusive of still-births) by age at death, in the province of Neva Scotia 1935—Continued

AGES		Total
3 months and under 4 months	т.	69
	M .	
	F.	
4 months and under 5 months		42
	M .	
	F.	
5 months and under 6 months		- ·
	M.	
	F.	
6 months and under 7 months		
	M.	
	F.	
7 months and under 8 months		
	M.	
	F.	_
8 months and under 9 months		
	M. F.	
	-	
9 months and under 10 mos.	M.	12
	F.	7
10 and and and 11 mag	-	
10 months and under 11 mos	M.	
	F.	
11 months and under 12 mos	_ ,	4
It months and under 12 mos	Μ.	
	F.	

TABLE XVII-DEATHS OF CHILDREN UNDER ONE YEAR OF AGE (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORD-ING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1935

Racial Origin	Total		
All origins	838		
English	398		\$ 12 m
Irish	90		
Scottish	164		
Welsh	1		
French	96		.,
Armenian			٠.'
Austrian			
Belgian	3		
Bulgarian			
Chinese			
Czech and Slovak	2		1
Danish			
Dutch	10		
Finnish			
German	31		
Greek	1		
Hindu			
Hungarian			
Icelandic			
Indian			
Italian			
Japanese			
Jewish			
Negro			
Norwegian			
Polish	2		
Roumanian			
Russian	2		
Serb and Croat			
Swedish			
Swiss			
Syrian			
Ukranian (1)			
Other	2		
Not specified	_		
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⁽¹⁾ Including "Galician" and "Bukovinian".

		Birthplace of father	CANADA Prince Edward Island Nova Scotia New Brunswick Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Province not specified BRITISH ISLES England Ireland Scotland
		Total Fathers	702 7 672 111 7 7 5 5 10
		Prince Edward Island	
		Nova Scotia	7 628 4 611 1 3 5 1 3 5 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		New Brunswick	10
	Car	Quebec	7 8 1 8 7
	Canada	Ontario	
	es -	Manitoba	
	!	Saskatchewan Alberta	
	İ	British Columbia	
		Prov. not specified	
	m i	England	I I I
西	British Isles	Ireland	
BIR	h Is	Scotland	83 83 H.H.
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III		Finland France	
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		Italy Norway	
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BRITISH POSSESSIONS Newfoundland Other EUROPE	Austria Belgium	Finland France	Germany	Hungary	Norway. Poland	: :	Sweden	ASIA	Japan	Other	Various Not specified	Total Mothers

(1) Including the Ukraine.

BY SEX	Causes of Death 1 year	T	All causes	Measles 9 4 Scarlet fever 9 Whooping-cough 30 13	32	Epidemic cerebrospinal meningitis. Tuberculosis of the respiratory system Tuberculosis of the meninges and central 2 2 2	1.8	4 7 2 8 .	Diseases of the ear and masterd process 1 1 3 3 3 3 4 Croup 12 Bronchitis 12 6 Bronchopneunionia 70 42 44 97	<u> </u>
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	Causes of Death		ydrocephalu nalformation nder this titil uliar to early ases an (1) es.
			(a) Congenital hydrocephalus. (b) Congenital malformations of the heart. (c) Congenital malformations of the heart. (b) Congenital debility. (c) Congenital debility. (b) Congenital debility. (c) Congenital debility. (c) Congenital debility. (d) Injury at birth. (d) Injury at birth. (e) Other diseases peculiar to early infancy. (under 3 months). (a) Specified diseases. (f) no cause given (1) (f) no cause given (1) (g) Other external causes. (h) Other specified causes. (l) No doctor in attendance.
	Int. list Number		157 158 159 160 161 173–175 176–198

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REPORT OF T	HE DEPARTME	NT OF PU	JBLIC HE	ALTH
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						MONTH	THS						
COUNTIES (Including Cities and Towns)	January	February	Матећ	lingA	May	nue	July	August	September	October	November	December	Total
Annanolis	26	18	24		22	15	12	00	13	18	15		
Anticonish	24	12	26		16	18	20	13	21	17	19	00	232
Cane Breton	91	77	121		100	62	59	69	84	72	73	92	993
Colchester	24	29	36	30	20	19	17	26	10	23	29	17	280
Cumberland	30	300	51		36	31	29	24	32	33	27	41	397
Dighy	17	22	19		18	12	10	11	13	12	21	11	182
Guyshorongh	15	17	14		21	12	14	10	7	7		00	165
Halifax	121	128	134	,	116	66	108	91	91	108	75	112	1310
Hants	21	21	22		30	18	20	13	18	18	14	17	237
Thyornog	30	35	45		23	19	26	17	19	13	16	27	293
Kings	19	29	24		28	23	20	25	27	25	32	22	295
Lunephire	41	34	34		41	35	26	26	34	22	28	32	380
Pictori	33	46	40		49	40	31	31	28	29	44	43	456
Ondens	2	12	15		15	00	9	9	00	2	111	7	118
Richmond	10	11	16		11		15	11	12	10	11	2	142
Shelhurne	14	11	21		19	16	9	11	11	13	10	11	161
Victoria	10	2	00		9	හ	00	4	က	က	00	6	83
Yarmouth	19	23	21		22	20	100	16	19	15	10	22	229
Total	552	570	671	596	593	479	445	412	450	445	454	497	6164

TABLE XXII—DEATHS OCCURRING IN COUNTIES IN NOVA SCOTIA, 1935

	S	ex	Social Condition					
Counties (Including Cities and Towns)	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Annapolis	107	104	50	90	71			211
Antigonish	117	115	104	104	24			232
Cape Breton	532	461	460	352	181			993
Colchester	152	128	94	115	70	1		280
Cumberland	218	179	132	146	118	1		397
Digby	96	86	63	69		2		182
Guysboro	99	66	53	73	39			165
Halifax	697	613	478	511	319	2		1310
Hants	128	109	77	97	62	1		237
Inverness	147	146	126	87	80	*		293
Kings	155	140	77	117	101			295
Lunenburg	212	168	120	154	104	2		380
Pictou		222	153	173	130			456
Queens	62	56	46	43	29		,	118
Richmond	79	63	57	49	36			142
Shelburne	81	80	44	66	51			161
Victoria	35	48	28	35	20			83
Yarmouth	116	113	71	100	58			229
Total	3267	2897	2233	2381	1541	9		6164

TABLE XXIII-DEATHS OCCURRING IN CITIES AND TOWNS OF NOVA SCOTIA, 1935

	Se	X	1-	Soci	al Co	onditi	ion	
Cities and Towns	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Amherst	53	42	34	45	16			95
Antigonish		66	68	58	7			133
	13	10	7	9	7			23
Bridgetown		26	22	32	12			66
Bridgewater		8	5	8	5			18
Dartmouth	34	35	21	19	28	1		69
		6	9	8	2			19
Digby	10	14	14	5	5			24
Dominion		128	156	78	35			269
Glace Bay		415	328	346	199	1		874
Halifax	00	22	30	16	5			51
Inverness		5	4	1	4			9
Joggins		18	22	28	10			60
Kentville	10	16	11	11	6			28
Liverpool		17	6	13	11			30
Lunenburg		1	1	4	4	1		10
Mahone Bay		57	47	52	26			125
New Glasgow		38	46	29	9			84
New Waterford		37	37	33	13			83
North Sydney		6	2	3	7			12
Oxford		11	5	13	7			25
Parrbsoro	0.0	28	14	9	27			50
Pictou		20	1.4	3	21			
Port Hawkesbury	-	5	5	3	4			12
Shelburne		33	27	21				73
Springhill		19	17	21	5			43
Stellarton	400	110	78	106	49	1		233
Sydney	1	47	40	39	22			101
Sydney Mines	0	14	7	9	4	1		20
Trenton		54	41	46			1	108
Truro		5	3	6	1		1	10
Wedgeport	0.0	20	11	18	11	1		40
Westville			20		18	1		58
Windsor		24	12		15	_		41
Wolfville			39		26			104
Yarmouth	. 53	91	33		20			
Total	1582	1418	1189	1161	646	4		3000

	Total	232 993 993 280 397 182 182 1310 293 293 295 380 456 1118 1142 161 161 161 161	6164
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	Female	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	39
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06			10
62	Female	232 222 177 177 177 178 178 178 178 178 178 178	544 108
8-08	Male	20 20 30 10 10 10 10 10 10 10 10 10 10 10 10 10	463
-79	Female	30 625 625 255 339 339 330 88 88 84 119 77 77	559
-02	Male	32 83 83 83 83 83 83 83 83 83 83 83 83 83	640
69	Female	21 16 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	334
-09	9lsM.	7 4 4 2 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	463
-59	Female	9 4 4 6 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	218
50	Male	168 109 109 109 109 109 109 109 109 109 109	331
-49	Female	22 8 8 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	159
40	Male	23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	175
-39	Female	4 4 5 7 2 7 2 7 2 7 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
30-	Male	28 2 2 2 2 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6	150
-29	Female	1004 7 2 2 2 2 2 3 8 8 8 9 9 7 8 2 4 4 4 8 9	174
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	COUNTIES (Including cities and towns)	Annapolis. Antigonish. Cape Breton. Colchester. Cumberland. Digby. Guysboro. Halifax. Hants. Kings. Kings. Richmond. Shelburne. Victoria.	Total
	4 5-9 10-14 15-19 20-29 30-39 40-49 50-59 60-69 70-79	Male Female Female Male Female Female Male Female Female Male Female Female Female Male Female	Virtes V

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SCOTIA,	62	Female	21 :: 0010127-4c :: 04010139c 44	1200000 2401	226
4	70-79	Male	00 001 :: 000 1-044000 :: 00	1144012000000	250
NOV	69-	Female	www.daudduncedund	: 0	174
OF	-09	Male	021 0-22 ::::::::::::::::::::::::::::::::::	133711118	245
	59	Female		E 214EE 2 C	133
TOWNS	50-5	Male	22-2 22-E80 481-482	10 00 00 14 10 10 11 11 11 11 11 11 11 11 11 11 11	184
	-49	Female	45 331H :00H HH :4H0 HH		99
AND	40-4	Male	4814 18 514 4 844 1		115
CITIES	68	Female	44 1 3 1801111 64 11	מחממט -מממ	95
CIT	30-	Male	8616 11 918 9 114 1	: :01000001	97
IN	-29	Female	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		110
CCURRED	20-	Male	40311199 871 9 817034 1	4004-00 -4-0	117
JRI	18	Female	4 81 1 80 1 11	:::040 -04	42
CI	15-	Male	9 c c 4 1 c c c c	3	40
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AT	6	Female	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· : := :3=== : : :=4	30 25
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LEX	Under		000 :034-140083334 3468 344	4 1104030014000	263
TARLE XXV-AGES AT WHICH DEATHS		Cities and Towns		Pretou Shelburne Shelburne Springhill Stellarton Sydney Mines Trenton Trenton Wedgeport Westville Windsor Wolfville	Total

TABLE XXVI-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1935

			All D	Deaths					In Institutions	itutions		d Comment
		Total		No	Non-resident in Province	nt in		Total		Non-P ₁	Non-resident in Province	in
	Total	M	Į z i	Total	M	দৈ	Total M	M	দ	Total	M	E
Total for the Province	6164	3267	2897	43	34	6	1395	793	602	23	18	تو

TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA 1935. TABLE XXVII-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS, CLASSIFIED ACCORDING

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		Von-resident city or town where death occurred and	Non-resident in Prov.	Z	2/	<u>:</u>		:		:				:	-
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	n in	Non-resident in city or tow where death	Resident in Prov.	Σ		 -			2			: 67		4	
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	Deaths	-	- -	1	0.1	92			31			24		34	117
	Ω	1		2											
				H	412	136	69	69	09	89	68	43	70	99	4.2
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	ns	Non-resident in city or town where death occurred and	nt .	T.	10	ත – −−	m		22	2	4	: :		-	118
	ıtio	lon cit	Resident in Prov.	Σ		5 10	9 6	: :	2 30			* :		9 18	38 20
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TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) BY SINGLE YEARS OF AGE AND BY AGE GROUPS, IN THE PROVINCE OF NOVA SCOTIA, 1935

Ages	Total	Male	Female
All ages	6,164	3,267	2,897
Under 1 year	838	486	352
l year	92	46	46
2 years	38	24	14
3 "	39	25	14
"	25	9	16
Total under 5 years	1,032	590	442
5 years	23	13	10
3 "	14	7	7
7 "	19	. 7	12
3 	15	11	4
9 "	18	9	9
Total 5-9 years	89	47	42
10 years	18	9	9
[1 "	21	10	11
12 · "	15	6	9
[3 "	18	7	11
14 "	18	9	9
Total 10-14 years	90	41	49
15 years	19	10	9
16 "	31	15	16
17	20	13	7
18 "	37	19	18
19 "	26	12	14
Total 15–19 years	133	69	64
20 years	38	20	18
21 "	33	12	21
22 "	41	21	20
23 "	47	31	16
24 "	33	15	18
Total 20-24 years	192	99	93
25 years	40	18	22
26	32	17	15
27 ":	31	18	13
28 "	28	15	13
29 "	35	17	18
Total 25-29 years	166	85	81

TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) Cont'd

Ages	Total	Male	Female
30 years	34	17	17
31 "	28	12	16
22 "	31	12	19
3 "	18	7	11
4 "	25	13	12
Total 30-34 years	136	61	75
5 years	41	25	16
6 "	38	22	16
7 . "	26	10	16
8 "	46	21	25
9 "	25	11	14
otal 35-39 years	176	89	87
0 years	33	15	18
1 "	25	13	12
2 "	44	20	24
3 "	28	12	16
4 "	26	20	6
otal 40-44 years	156	80	76
5 years	30	13	17
6 . "	29	16	13
7 "	35	19	16
8 "	40	23	17
9 "	44	24	20
otal 45-49 years	178	95	83
0 years	60	36	24
1 "	34	24	10
2 "	64	43	21
3 "	51	32	19
4 "	47	34	13
otal 50-54 years	256	169	87
5 years	39	24	15
3 "	52	30	22
7 "	64	38	26
8 "	68	34	34
9 "	70	36	34
otal 55-59 years	293	162	131
years	62	36	26
1 "	67	38	29
2 "	77	48	29
3 "	78	46	32
4 "	84	54	30
otal 60-64 years.	368	222	146

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TABLE XXVIII DEATHS (EXCLUSIVE OF STILLBIRTH)—Cont'd

Ages	Total	Male	Female
65 years	93	- 58	35
66 "	72	37	35
67 "	78	40	38
68 "	95	60	35
00	91	46	45
69 "	429	241	188
	113	64	49
70 years	97	47	50
71 "		69	58
72 "	127		55
73 "	114	59	64
74 "	141	77	
Total 70-74 years	592	316	276
75 years	122	63	59
76 "	125	71	54
77 "	117	60	57
78 "	128	68	60
79 "	115	62	5 3
Total 75-79 years	607	324	283
80 years	132	65	67
81 "	102	50	5 2
	115	43	.72
04	105	52	53
00	140	68	72
Total 80-84 years	594	278	316
0.5	. 111	61	50
85 years	96	51	45
86 "	75	27	48
87 "		25	49
88 "	74	21	36
89 "	57 41 3	185	228
Total 85-89 years	410		
90 years	39	17	22
91 "	44	20	24
92 "	34	17	17
93 "	25	10	15
94 "	29	13	16
Total 90-94 years	171	77	94
95 y ears	21	9	12
	23	10	13
	16	6	10
	10	3	8
30		3	$\frac{3}{2}$
<i>33</i>	5		45
Total 95-99 years	76	31	10
100 years and over	16	6	
Not stated.	1		1

TABLE XXIX-DEATHS (EXCLUSIVE OF STILLBIRTHS) CLAS-SIFIED ACCORDING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1935

Racial Origin	Total	Male	Female
All origins	6,164	3,267	2,897
English	2,689	1,421	1,268
Irish	644	347	297
Scottish	1,687	866	821
Welsh	13	10	3
French	587	322	265
German	220	119	101
Armenian			****
Austrian	2	1	1
Belgian	9	4	5
Bulgarian			
Chinese	6	4	2
Czech and Slovak	5	2	3
Danish	3	3	
Dutch	61	43	18
Finnish	2	2	
Greek	4	4	
Hindu			
Hungarian	5	2	3
Celandic			
Indian	21	9	12
talian	9	5	4
apanese			•
Jewish	8	4	4
Negro	135	66	69
Norwegian	1	1	00
Polish	12	6	6
Roumanian	2	2	
Russian	6	3	3
Serb and Croat			0
Swedish	1	4	• • • •
Swiss	7	4	3
Syrian	8	5	3
Jkrainian (1)	3	1	2
Other.	6	3	3
Not specified	5	4	1
Not specified	5	4	1

⁽¹⁾ Including "Galician" and "Bukovinian."

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			New Brunswick	100 149 51	12 H 33
			Maintaguag	2 2 2 4 4 5 5	9 4 2
			Nova Scotia	5463 2878 2585	236 124 112
			Dunior Dimand 201111	24 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
			Prince Edward Island	422	69 41 28
		X	Total deaths by se	6164 3267 2897	269 141 128
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TABLE XXXI—DEATHS (EXCLUSIVE OF STILLBIRT)			Birthplace of Father	CANADA P. E. Island Nova Scotia New Brunswick Quebec Ontario Manitoba Saskatchewan Alberta British Columbia. Province not specified BRITISH ISLES England Ireland Scotland

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(1) Including the Ukraine.

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24		65-69 years	188 188 13 11 11 11	
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1		35–39 years	176 899 87 32 32 26 26	
IN		30-34 years	36 61 75 63 63 83 39	* *
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AND		20-24 years	192 99 93 97 443 54	- : :
		15–19 years	133 69 64 64 60 20 34 1	
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uberculosis of the intestines and peri- M. toneum. F. Iberculosis of the M. vertebral column. F. Iberculosis of the	bones and joints (vertebral column excepted)	(b) Of joints	skin and sub-cut- aneous cellular tissue.	lymphatic system (bronchial, mesentic and retroperitoneal olands	excepted) uberculosis of the genito-urinary system. uberculosis of other organs.
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118	REPORT	OF THE	DEPARTMENT	OF	PUBLIC	HEALTH
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(a) Acute(b) Chronic(c) Unspecified	0	br	_	morrhagic infarct of the lung, etc (a) Pulmonary en	thrombosis(b) Others under this title	ph
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(a) Acute(b) Chronic(c) Unspecifiedonchopneumon	(a) Broncho-eumonia	(b) Capillary chites	ia, d	morrhagic of the lung (a) Pulmon	thrombosis. (b) Others this titlethma	7
Acu Chr Jns	3ro oni	Sa	neumonia, specified eurisy	stic rha ne l	mb Otk tit a	na.
() (c) (c) (c) (d) (d)	I (t	o) (c) nite ar	um oec	ges for the the the the the the the the the the	onto o) (o nis hm	sema .
(a) Acute (b) Chronic (c) Unspecified	(a) Broncho	(b) Capillary by chites	109 Pneumonia, specified	111 Congestion and haemorrhagic infarct of the lung, etc (a) Pulmonary embolism and	thrombosis (b) Others this title	113 Pulmonary emphy-
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ont		80-84 years	111 6
11		75-79 years	11 19 17 17 17 17 17 17 17 17 17 17 17 17 17
1935-		70-74 years	27 27 111 116
		e5-69 years	188
SCOTIA,		60-64 years	177
		55-59 years	118
NOVA		50-54 years	1 1 15 6
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BY		Under 1 year	
TH		Total	36
CAUSES OF DEATH BY		Causes of Death	114 Other diseases of the respiratory system (tuberculosis ex- M. cepted) F. (a) Chronic interstitial pneumonia including occupational diseases of the M. respiratory system F. (b) Gangrene of the M. lung F. (c) Others under M. this title F. Class IX—Diseases of T. the digestive sys- M. tem F.
		Int. List No.	11

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sease of the buccal cavity and annexa, and of pharynx and tonsils (including M. adenoid vegetations) F.	(a) Diseases of the buccal cavity and annexa	(b) Diseases of the	tonsils. (c) Others under	this titue	ses	of	or duodenum	(a) Ulcer of the	stomach	(b) Ulcer of the	duodenum	dis.	stomach	iarrhoea and enteri-	-	hoe		()	(a) Diarrhoea and	enteritis.
cavity and annexa, and of pharynx and tonsils (including M. adenoid vegetations) F.	buc ann	(p)	(c)	t.	iseases of the oeso-	cer	or c	(a)	stol	(a)	que	Other diseases of the	sto	Diarrhoea and enteri-	ave)	Diarrhoea and enter-	itis	over)	(B)	ent
cavity and annexa, of pharynx and tonsils (including adenoid vegetations				-	116 Diseases of the oeso-	117 Ulcer of the stomach						301				OD				_
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128	REPORT	OF THE	DEPARTMENT	OF	PHRLIC	HEALTH
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DEATH			ZHZHZHZHZHZHZHZHZH
1		ath	vo.
OF		Death	(b) Ulceration of the intestines. opendicitis ernia, intestinal obstruction (a) Hernia (b) Intestinal obstruction rrhosis of the liver intestines (a) Specified as alcoholic (b) Not specified as alcoholic (c) Not specified as alcoholic
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		. 0	(b) Ulceration the intestines Appendicitis (a) Hernia
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		Int. List No.	(b) Ulceration of the intestines. 121 Appendicitis 122 Hernia, intestinal obstruction (a) Hernia (b) Intestinal obstruction (c) Intestines (d) Specified as alcoholic (b) Not specified a alcoholic (c) Not specified a alcoholic
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liver liver (a) Yellow atrophy M. of the liver (b) Others under M. this title 126 Biliary calculi R. 127 Other diseases of the gall-bladder and M. biliary passages F. 128 Diseases of the pan- creas 129 Peritonitis, cause not M. specified Class X.—Diseases of T. the genito-urinary M.	4 31			1 1 2		1 1 2 4 4	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4.00	6.6		1 1 2 1 1 1 1 2 1 1 3 0 0 1 1 3 0 0 1 1 3 0 0 1 1 3 0 0 1 1 3 0 0 1 1 3 0 0 1 1 3 0 0 1 1 3 0 0 0 1 1 3 0 0 0 1 1 3 0 0 0 1 1 3 0 0 0 0	1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4 1 2 7 5 8	1 1 c 2 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 0 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- '- '- '- '- '- '- '- '- '- '- '- '- '-	2 2 5		
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CAUSES OF DEATH	Causes of Death	(b) Without mention of septic conditions	mor-	rhage excluded)r. Puerperal hae-	morrhageF.	(a) Placenta praeviaF.	(b) Other haemorrhages.	Puerperal septicaemia (not specified	as due to	eral septica	:
	List No.		143	144 E				145 I			

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nerperal albuminu	ther toxaen pregnancy perpendicular or toxical presents of the present of the pre	alba dolens, em- bolism or sudden	death (not specified as septic) (a) Phlegmasia alba	dol	(c) Embolism F. (b) Sudden death F.	her accidents of	(a) Caesarean operationF	(b) Other surgical opera-	tion		Ru in 1	(e) Others under	r ol	condition of the puerperal state.	(a) Puerperal diseases of the breastF.
Puel	oth pr	al	de as (a		೨ ೨	Oth	(a)	(b)		(c)	9	(e))the	co	8
146 Puerperal albuminuria and eclampsia	147 Other toxaemias of pregnancy					149 Other accidents of							150 Other or unspecified		
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		Causes of Death	(b) Others under the title	ass XIII—Diseases of the bones and Organs of locomotion.
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CAUSES		Ses	(b) Others un title	tissue Class XIII- of the bo Organs of tion
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CA		Ö	(b) Other title	tissue lass XI of the Organi tion
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SCOTIA,		65-69 years		:	:		:	:	:	:	:	:		:		:		<u>:</u>		
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NOVA		50-54 years		:	:	:	:	:	:		:	:		:		:				
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DEATH			-Diseases of T.	Z	됴	M.	[<u>F</u>	M.	F	M.	도	(a) With mention of M.		F	u	M.	노	M.	[7	4
E		ਸ਼ੁ	SS 0			_						n of			(b) Without mention			nl-	ney	127
		Causes of Death	ease			lits		7				tio	-Je		me			pec	nfa	1717
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		. 42 .				158 Congenital debility		159 Premature birth		160 Injury at birth								161 Other diseases pecul-		
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0]		Causes of Death		OF	liquid poisons or by	absorption of corro- give substances	164 Suicide by poisonous		Suicide by hanging or	strangulation 166 Suicide by drowning		167 Suicide by firearms	168 Suicide by cutting or	un	169 Suicide by jumping from high places
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170 Suicide by crushing	171 Suicide by other means		175	174		175	176- 198	176 Attack by venomous	177		178 Accidental absorp-	179 Other acute acciden-		cept by gas)	C	cepted)
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		1900 years and over	
		95-99 years	
		90-94 years	
		85-89 years	
		80-84 years	4 20 1
193		75-79 years	2 4 70
SCOTIA, 1935-		70-74 years	7 4 1
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SC		60-64 years	7
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NO		20-24 years	11 11
PROVINCE OF	es	45-49 years	21 1 61
	Ages	40-44 years	2
		35-39 years	1 1 2
		30-34 years	8 1
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CAUSES OF DEATH	Causes of Death		182 Accidental mechanical M. suffocation F. 184 Accidental injury by M. firearms F. 185 Accidental injury by M. instruments F. 186 Accidental injury by by fall, crush- ing or land- slide By fall, crush- ing or land- slide F. 187 Cataclysm M. 188 Injuries by M. F. 188 Injuries by M.
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63		Causes of Death	les	and quarries	ts:	Street car accidents	Automobile and mo-	torcycle accidents	tations	Air transportation
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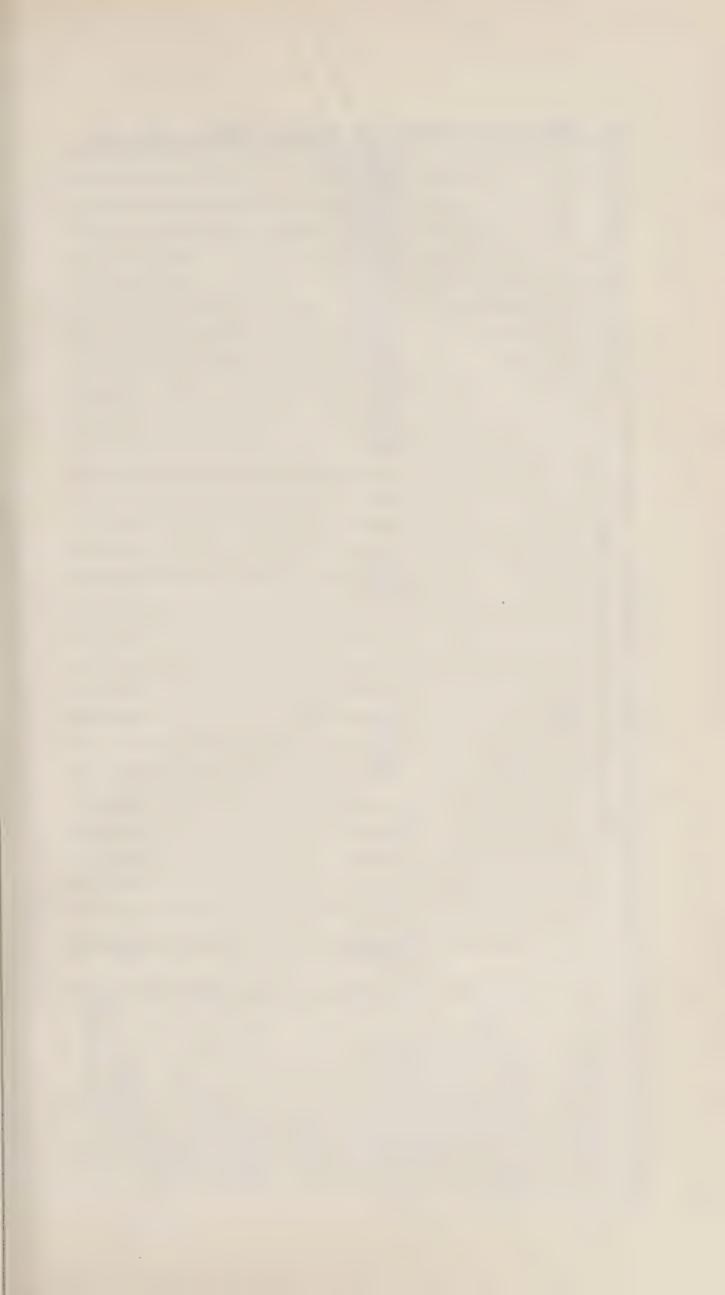


TABLE XXXIII-CAUSES OF DEATH FOR EACH SEX BY CONJUGAL CONDITION, NATIVITY AND MONTH OF DEATH IN THE PROVINCE OF NOVA SCOTIA 1935.

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	-	25 to 44 years	8 0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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00	Single	25to 44 years	221 1424 1428 1000 1
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		Under 15 years	225231 1109 1110 1109 1110 1109 1110 1109 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1110 1138 1138 1138 1138 1138 1138 1138 1138
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TABLE XXXIV	Int. List No.	(e) Others under this title	Class VII—Diseases of the circulatory system 90-95 Diseases of the heart 9C Pericarditis 91 Acute endocarditis. (a) Endocarditis specified as acute.	(b) Endocarditis unspecified (under 45 years of age) (a) Endocarditis, valvular diseases	(c) Chronic myocarditis and myocardial degeneration (d) Myocarditis, unspecified, (45 years and over)

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TABLE XXXIV—CAUSES O	Causes of Death	Class X.—Diseases of the Genito-urinary system A. Chronic nephritis (including unspecified, under 10 years of age). In Chronic nephritis (including unspecified, under 10 years of age). In Chronic nephritis unspecified (10 years and over). In Chronic nephritis unspecified (10 years and over). In Chronic nephritis unspecified (10 years and over). In Chronic nephritis unspecified (10 years and over). In In Chronic nephritis unspecified (10 years and over). In In In In In In In In In In In In In I

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REPORT OF THE DEPARTMENT	OF	PUBLIC	HEALTH
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SPECIAL CLASSES OF ACCIDENTAL DEATHS FOR COUNTIES OF NOVA SCOTIA, 1935. (Included also under the numbers of the International List above.)

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Causes of death	A Accidents in mines and quarries	BAccidents caused by machines	C Railway Accidents	D Street car accidents	E Automobile and motorcycle accidents	F Other land transportation	G Water transportation	H Air transportation



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13 Dysentery. 15 Erysipelas. 16 Poliomyelitis and polioencephalitis (acute). 17 Epidemic lethargic or encephalitis. 18 Epidemic cerebrospinal meninglis. 20 Anthrax, malignant pustule. 21 Rabies. 22 Tetanus. 23 Tuberculosis of the meninges and central nervous system. 24 Tuberculosis of the intestines and central nervous. 25 Tuberculosis of the wertebral column. 26 Tuberculosis of the yertebral column. 27 Tuberculosis of the skin and and sub-cutaneous cellular tissue. 28 Tuberculosis of the lymphatic system. (b) Of joints. (cverte ral column excepted). (a) Of joints. (b) Of joints. (b) Of joints. (cverte ral column excepted). (a) Tuberculosis of the genito-urinary system. (b) Of joints. (cverte ral column excepted). (d) Tuberculosis of the genito-urinary system. (e) Chorochial mesente and retroperitoneal glands excepted). 27 Tuberculosis of the genito-urinary system. (a) Acute. (b) Chronic.
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Clace Bay	
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SPECIAL CLASSES OF ACCIDENTAL DEATHS FOR CITIES AND TOWNS OF NOVA SCOTIA, 1935 (Included also under the numbers of the International List above)

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-			33 Leprosy	34 Syphilis.	35 Gonococcus infection and other venereal		Z	39 Other diseases due to protozoal parasites	40 Ankylostomiasis	41 Hydatid cysts	3			42 Other diseases caused by helminths	43 Mycoses.	44 Other infectious or parasitic diseases				
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		Causes of Death	(g) Of the spine and spinal cord	(h) Of the neck	(i) Of abdomen	(j) Of other specified organs	(k) Multiple cancer	(m) Of unspecified or unknown location	54 Non-malignant tumours	 (a) Of the ovary (b) Of the uterus (c) Of other female genital organs (d) Of the brain 	(e) Of the thyroid gland	(f) Of the prostate gland (g) Of other or unspecified sites
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70 Haemorrhagic conditions	M.
(a) Simple purpura	
(b) Haemophilia	
71 Anaemia	
(a) Pernicious anaemia.	2 1
(b) Others under this title	
72 Leukaemia and aleukaemia	HE]
(a) Leukaemia	
(b) Aleukaemia (Hodgkin's disease)	
73 Diseases of the spleen	
74 Other diseases of the blood and blood-	
Class V—Chronic poisonings and intoxica- T.	2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
76 Alcoholism.	:
(a) Delirium tremens	
(b) Other alcoh olic intoxications	
76 Chronic poisoning, by other organic substances (a) Chronic morphinism	EALTH
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	t Causes of Death	(a) Puerperal diseases of the breast	51 Carbuncle	52 Cellulitis, acute abscess	Other diseases of the skin and annexa and I of the cellular tissue. Class XIII—Diseases of the bones and organs of locomotion	.54 Osteomyelitis	Other diseases of the bones (tuberculosis In	156 Diseases of the joints and other organs	(a) Of the joints (tuberculosis and rheumatism excepted)	(b) Of other organs of locomotion
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165 Suicide by hanging or strangulation			<u>i</u>				1		<u>:</u>		:	-	:		:	:	-:-	:		
166 Suicide by drowning	-														-					
167 Suicide by firearms	7			: :										<u> </u>			: :		REI	TO 733
168 Suicide by cutting or piercing M. instruments F. instruments F. 169 Suicide by jumping from high places. M.	1																		PORT	DODE
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171 Suicide by other means				: :										1 1	: :		<u>:</u> :		THE	77777
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174 Homicide by cutting or piercing M. instruments F. 175 Homicide by other means M.																			RTME	70 00 7 6 77
176- Other violent deaths M. 198 F. 176 Attack by venomous animals M.	222		. H 07	27 :	: : : : :=== :	: : : : : :	4	:07	.03	70		13	1-0	:4 :	. 			-	NT OF	A Y CTT A Y
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178 Accidental absorption of toxic gases	: :		: :				: :		: :		: :	: :				<u>: : :</u>			BLIC	
179 Other acute accidental poisonings M. (except by gas) F. 180 Conflagration M.	1 : :							1											HEA	
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182 Accidental mechanical suffocation									: :		: :			: :	: :	: :		- :	229	

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TABLE XXXVII-Continued

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171 Suicide by other means M.	173- Homicide by frearms	174 Homicide by cutting	instruments Homicide by other	means Other violent deaths	198 176 Attack by venomous	animals177 Food poisoning	178 Accidental absorption	of toxic gases. F.	poisonings (except by gas)	181 Accidental burns (con- M. flagration excepted) F. 182 Accidental mechanical M.	suffocation
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191 Excessive heat.....

190 Excessive cold.

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December **Т**ометрет

October

September

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identa ctric er acc	(a) Foreign (b) Others u	ent de le nat licide,	unkn ital p	s XV]	dden de tuse of d specified defined
192 Lightning 193 Accidents due to electric currents. 194 Other accidents	e €	Violent deaths of which the nature (accident, suicide, homicide)	is unknown	Clas	200 Cause of death not specified or ill-defined
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TABLE XXXVIIIMARRIAGES	BY D	TNOM	HS	IN TH	回	PROVINCE	0	F NOV	A	SCOTIA	A 193	20	
COUNTIES (Including Cities and Towns)	Total	January	February	March	litqA	May	June	July	4sugu A	September	October	TədməvoV	Тесеmbет
Annapolis	119	4	70	000	7	12	11	12	9		12	13	11
Antigonish	99	2	23	4	-	2	ಣ	10	00	10	12		4
Cape Breton	726	49	41	31	20	34	∞ ∞	129	71	71	80	126	43
Colchester	219	9	1-	10	13	15	26	28	19	28	24	22	21
Cumberland	304	13	14	18		17	38	34	26	39	30	34	25
Digby	124	4	00	ಹ	ಸರ	6	20	15	11	14	6	16	00
Guysboro	-	70	4	2	21	4	70	ಣ	10	13	70	12	2
Halifax	873	49	75	54	09	59	96	06	65	98	81	106	52
Hants	175	5	10	2	14	11	19	18	18	27	17	12	17
Inverness	108	4	_	7	က	ಣ	4	10	6	15	12	29	73
Kings	217	6	12	11		15	24	15	28	22	27	54	19
Lunenburg		15	6	23	16	00	25	17	18	20	28	23	53
Pictou	269		16	16		9	31	30	26	35	34	30	14
Queens	110	6	1	∞	∞	က	12	22	7	16	70	12	~~~
Kichmond	46	10			က	-	7	20	4	6	4	00	2
Shelburne		20	<u></u>	4	1	4	00	55	9	70	12	13	6
Victoria	200	2	-	:		4		4	ಣ	4	9	2	7
Yarmouth	169	10	<u></u>	70	9	15	24	19	16	17	16	27	7
Total	3,946	212	232	219	209	222	436	387	351	449	419	517	293

270	REPORT	OF THE	DEPAR'	rment o	F PUBLIC	HEALTH

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	Ages	08 ot 92	က	18	196	28	74	33	28	267	36	32	53	89	78	32	16	23	2	35	1087
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000		Total	119	99	726	219	304	124	77	873	175	108	217	231	269	110	46	85	28	169	946
TABLE XXXIX.—MARRIAGES A		Counties (Including Cities and Towns)	Annanolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guvsboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Veitoria	Yarmouth	Total 3946

TABLE XL.—MARRIAGES REPORTED IN RURAL AND URBAN PARTS OF COUNTIES, NOVA SCOTIA, 1935.

COUNTIES	Total	Rural	Urban
Total for the Province	3946	1495	2451
Annapolis	119	102	17
Antigonish	66	33	33
Cape Breton	726	104	622
Colchester	219	67	152
Cumberland	304	76	228
Digby	124	105	19
Guysboro	77	65	12
Halifax	873	198	675
Hants	175	103	72
Inverness	108	80	28
Kings	217	105	112
Lunenburg	231	133	98
Pictou	269	62	207
Queens	110	64	46
Richmond	46	46	
Shelburne	85	65	20
Victoria	28	28	
Yarmouth	169	59	110

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Divorced Women	9 57 53
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CONDITION Momen Spinsters Widows Widows Widows	164
Divorced B Nomen S	19
Spinsters Bachelors Widows Widows	84
Spinsters B B B B B B B B B B B B B B B B B B B	3,556
Total Marriages	3.946 3.556
TABLE XLI.—MARRIAGES CONJUGAL TABLE	Total for the province

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		New Brunswick	
		Nova Scotia	10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Prince Edward Island	1 832
		Total Grooms	28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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(1) Including the Ukraine.

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Total brides	3,946 8 731 666	731 6	66 1		3 4	4			- 27		65			282	1	12063	[-	∞ ∞ 4	- 4	1 23

(1) (Includes Buddhists, Confucians, Mohammedans, Shintos, Sikhs, Hindus).

TABLE XLV-MARRIAGES-LITERACY OF BRIDEGROOMS AND BRIDES IN NOVA SCOTIA, CLASSIFIED BY BIRTHPLACE, 1935

DAD WAYNA A CAR	Bri	idegro	oms	B	rides	
DIDMITTAL	1				ituos	
BIRTHPLACE	Totai	Illiterate	Per cent Illiterate	Total	Illiterate	Per cent Illiterate
Total	3946	89	2.3	3946	19	0.5
Canada Prince Edward Island Nova Scotia	31	80	$\begin{bmatrix} 2 & 3 \\ 3 & 2 \\ 2 & 4 \end{bmatrix}$	3629 25 3443	16 15	0.4 0.4
New BrunswickQuebec Ontario Manitoba	19			89 28 21 2		
Saskatchewan Alberta British Columbia	5 10 6			9 7 4	*******	*******
Province not Specified British Isles England	147			$\begin{array}{c} 1 \\ 73 \\ 49 \end{array}$	1 1	1 .4 2 .0
Ireland Scotland Wales Other	35		*********	5 17 2		
British Possessions Newfoundland Other	115	3 3	2.6 2.9	139 135	2 2	1.4 1.5
EuropeAustria	90	4	4.4 25.0	26 4		
Belgium Denmark Finland France	111			2		••••••
Germany Holland Hungary	14	1	16.7	4		
Norway Poland	8 2 10		**********	0		
Roumania Russia (1) Sweden Other	9	2	22.2	1		
AsiaChina.	i :					
Japan Other United States	91	1	1.1	63		
Various	1		1.1			
Not Specified	14			16		

⁽¹⁾ Including the Ukraine.

TABLE A—BIRTHS IN THE PROVINCE OF NOVA SCOTIA BY COUNTIES, 1935

Counties	S	ex		T11 - 24			
(Including cities and towns)	Male	Female	Still- births	Illegit- imate births	Twins	Tri- plets	Total
Annapolis Antigonish Cape Breton Colchester Cumberland Digby Guysborough Halifax Hants Inverness Kings Lunenburg Pictou Queens Richmond Shelburne Victoria	163 122 1,258 289 430 186 191 1,279 247 242 252 297 351 147 113 135 72	134 1,229 258 401 192 165 1,162 240 174 291 274 337 148 104 134	7 4 68 22 35 13 12 54 12 18 13 18 24 8 7	31 53 17 27 163 26 13 21 46 37 11 6 13	1 1 29 8 9 10 4 21 2 3 4 3 5 7	1	309 256 2,487 547 831 378 356 2,441 487 416 543 571 688 295 217 269 134
Yarmouth	5,980	$\frac{186}{5,637}$	342	40 	3 ————————————————————————————————————	2	392

TABLE B-BIRTHS IN CITIES AND TOWNS OF NOVA SCOTIA, 1935

Cities and Towns	Sex			Tillowit			
	Male	Female	Still births	Illegit- imate births	Twins	Tri- plets	Total
Amherst	97	83	6	10	2	1	180
Antigonish	74	97	4	7	1		17:
Bridgetown	9	6		2			1.
Bridgewater	31	25		4	1		5
Canso	18		2 2	1			3
Dartmouth	70		2	1	1		12
Digby	35		1	2	1		6
Dominion	10						_2
Glace Bay	365		30	34	9		77
Halifax	881	798	38	124	19		1,67
Inverness	83	67	9	2	2		15
Joggins	15	14 11	1	2			2
Kentville			2	3	2		3
Liverpool			4	1	2		12 4
LunenburgMahone Bay		6	1	1			4
New Glasgow	172	152	14	22	1		32
New Waterford	178		12	22	1		31
North Sydney	90		7	9	2		17
Oxford	12		i	1	2		2
Parrsboro	15		1	3		*	2
Pictou	36		ī	5	1	********	$\bar{6}$
Port Hawkesbury	1						
Shelburne	$\tilde{9}$	17		2			2
Springhill	84		9	9	2		18
Stellarton	26	26	1	4			5
Sydney	300	289	6	34	8		58
Sydney Mines	112		4	11	3		22
Trenton	15			1			3
Truro	97		10	16	1		18
Wedgeport	11						2
Westville	18	16	1		1		3
Windsor	53		1	6			10
Wolfville	41		4	2	1		10
Yarmouth	100	71	6	31	1	1	17
Total	3,161	3,002	174	377	59	1	6,16

